Exhibit 41

6969-159-008 GAÐVE

No.	STATEMENT	AGREE	DISAGREE	DON'T KNOW/
н	Given the number of hazard ratios reported in the literature between 1.1 of 1.4 in both case-control and cohort studies, it is disingenuous to state that there is no evidence that talc is associated with ovarian cancer.		X	
2	If 40% of women use talc and the relative risk is 1.2, then 7% of ovarian cancer cases would be attributable to talc use or 1577 cases a year in the USA. This is not a trivial number and should not be dismissed.		X	
m	Genital powder use is a modifiable exposure associated with small-to-moderate increases in risk of most histologic subtypes of epithelial ovarian cancer.		X	
4	Perineal use of talc-based (non-asbestiform) body powder is possibly carcinogenic to humans (Group 2B).		X	
r.	The use of perineal talcum powder has been associated with a 20 to 30 percent increased risk of ovarian cancer, although it also has been show to vary by histologic subtype.		X	
9	A lot of work has been done to clarify the risk reduction of various lifestyle approaches, such as alcohol, obesity, cigarette smoking, and talc use. Some of these are subtype specific, such as endometriosis, cigarette smoking, and obesity, while others are general risk factors. Use of talc in the genital area has consistently been shown to increase the risk of OC and therefore is not recommended.		X	
7	Inflammatory risk factors for EOC are perineal talc exposure, endometriosis, and pelvic inflammatory disease.		X	
∞	matrix title, we derive a simple sease to be physicians and women weigh major the problem is a factor of the considered: parity, oral contraceptive use, breastfeeding, tubal ligation, painful periods or endometriosis, obesity or polycystic ovarian syndrome, and talc use. These risk factors are concordant with published epidemiologic data related to reproductive factors, use of talc, tubal ligation, endometriosis, and polycystic ovarian syndrome or obesity.		X	

No.	STATEMENT	AGREE	DISAGREE	DON'T KNOW/ NO OPINION
	Ne lange manhes of participents in our study allowed examination of associations between sover of consonagement languages and source in the state of the source of the state o		×	
6	highly prevalent in the African-American community and has been found to be associated with increased risk of ovarian cancer in this and other studies.			
10	Most women report using Johnson's Baby Powder or Shower to Shower.			X
11	The average age women begin using talc is 20.			X
12	In the interests of public health, I believe we should caution women against using genital talcum powder.		X	
13	Genital powder use is a lifestyle risk factor for all serous, endometrioid, and clear cell histologic subtypes of ovarian cancer.		×	
14	Overall, there is an association between genital talc use and EOC and a significant trend with increasing "talc years" of use.		\times	
15	Talc-containing powders are hypothesized to promote cancer development by ascending the female genital tract and interacting directly with the ovarian surface epithelium, leading to local inflammation characterized by increased rates of cell division, DNA repair, oxidative stress, and elevated inflammatory cytokines.	×		
16	Following perineal application, talc particles can migrate from the vagina to the peritoneal cavity and ovaries.		×	
17	A majority of women experience retrograde menstruation; this suggests a mechanism by which talc particles can travel through the female reproductive tract to the peritoneal cavity and ovaries.		×	
18	It is possible that the passage of talc is aided by retrograde menses and that talc use during menses poses a special risk.		×	

No.	STATEMENT	AGREE	DISAGREE	DON'T KNOW/
19	Biologic credibility of the talc/EOC association is enhanced by persuasive evidence that inert particles the size of talc, present in the vagina, can migrate to the upper genital tract.		×	
20	The vagina serves as a portal to the internal reproductive tract.	X		
21	The vagina is a musculoepithelial tube extending from the level of the external genitals to the cervical portion of the uterus. It is a reproductive conduit in all respects, connecting the external environment to the internal genitalia. (×		
22	A review of the literature suggests that it is biologically plausible for talc particles to migrate from the vagina to the peritoneal cavity and ovaries following perineal application.		×	
23	Talc placed on the perineum may enter the vagina and ascend to the upper genital tract.		×	
24	The potential for particulates to migrate from the perineum and vagina to the peritoneal cavity is indisputable.		×	
25	The Sjosten study offers compelling evidence in support of the migration hypothesis.		×	
26	Talc particulates from perineal application have been shown to migrate to the ovaries		×	
27	Talc is able to migrate through the genital tract and gain access to the ovaries because talc fibers have been detected in benign and malignant ovarian tissue.		\times	
28	There are inherent limitations quantifying a dose–response due to a lack of metrics for how much talc is in an "application," how much enters the vagina, and how much reaches the upper genital tract where, presumably, any deleterious effect is mediated. This may account for the failure to identify a dose–response in many papers on talc and ovarian cancer.		×	

No.	. STATEMENT	AGREE	DISAGREE	DON'T KNOW/ NO OPINION
29	Tubal ligation is a strong protective factor. One possibility for the mechanism is blocking the transience of potential materials could impact the health of the fimbria		X	
30	Any material – whether it be talc, heavy metals, asbestos, whatever – can migrate from the perineum to the ovaries through the reproductive tract. There's an anatomical conduit. So it's not like it's blocked. Theoretically, it could happen.		X	
31	There is an anatomic conduit from the perineum through to the ovary, vagina, cervical os, endometrium, and the fallopian tube. That is, in most women, an open conduit. On a theoretic level, things can transit.	×		
32	Genital powder use was associated with ovarian cancer risk in AA women and are consistent with localized chronic inflammation in the ovary due to particulates that travel through a direct transvaginal route.		X	
33	Biologic credibility for an association would be strengthened by an animal model, but an experiment capturing all of the potential factors in the human "model" would be very difficult. These elements include chronicity of the exposure, anatomic and physiologic uniqueness of women, effects of pregnancy and potential spread through coitus.	×	× 	
34	It is plausible that perineal talc (and other particulate) that reaches the endometrial cavity, Fallopian tubes, ovaries and peritoneum may elicit a foreign body type reaction and inflammatory response that, in some exposed women, may progress to epithelial cancers.		×	
35	Epidemiologic evidence implicates chronic inflammation as a central mechanism in the pathogenesis of ovarian cancer, the most lethal gynecologic cancer among women in the United States.		×	
36	Findings on talc and endometriosis are consistent with previous findings and are compatible with the hypothesis that these factors increase the risk of ovarian cancer and that inflammation may be a common pathway.		\times	

No.	STATEMENT	AGREE	DISAGREE	DON'T KNOW/ NO OPINION
37	Chronic inflammation has been proposed as the possible causal mechanism that explains the observed association between certain risk factors, such as use of talcum powder (talc) in the pelvic region and epithelial ovarian cancer.	×		
38	Talc particles can induce an inflammatory response <i>in vivo</i> , which may be important in ovarian cancer risk. Normal ovarian cells treated with talc are more likely to undergo cell proliferation and neoplastic transformation, and cellular generation of reactive oxygen species increases with increasing exposure to talc.		\times	
39	[A] growing body of epidemiologic evidence suggests that factors causing epithelial inflammation are involved in ovarian carcinogenesis. Such factors include asbestos and talc exposures, endometriosis and pelvic inflammatory disease (PID).		\times	
40	Direct induction of inflammation as a result of endometriosis, talc and asbestos exposure, and PID, as well as ovulation itself, may act to promote ovarian tumorigenesis.		\times	
41	Inflammation: Studies of the inflammatory marker C-reactive protein suggest a possible association between inflammation and an increased risk of ovarian cancer. Other specific inflammatory factors have also been associated with ovarian cancer.	×		
42	The patency of the female tract and the nature of ovarian cancer as a surface epithelial (mesothelial) lesion make the ovary a target for foreign body carcinogenesis.		×	
43	Inflammation has been suggested to be a major factor leading to epithelial ovarian cancer. For example, epidemiologic data have shown that asbestos and talc exposure increased ovarian cancer risk.		×	

No.	STATEMENT	AGREE	DISAGREE	DON'T KNOW/
44	Studies have also found that endometriosis, pelvic inflammatory disease, and mumps viral infection are positively associated with ovarian cancer risk. In contrast, tubal ligations and hysterectomies, which are thought to reduce the exposure of the OSE to environmental inflammation initiators have been shown to reduce the risk of ovarian cancer.	×		
45	It has been noted that the ovulatory process itself resembles an inflammatory reaction, with leukocytic infiltration, the release of nitric oxide and inflammatory cytokines, vasodilatation, DNA repair, and tissue remodeling.	×		
46	The latency period of more advanced, malignant epithelial ovarian cancer could be estimated to be approximately 30-40 years.			X
47	If the magnitude of the association is to be estimated with precision, it is important that consortia are developed and expanded in order to generate the appropriate sample size.			X
48	Neither prospective study [Gertig, Houghton] confirmed the association of talc use and ovarian cancer raised by the case-control studies, but neither study was powered to detect a risk of 1.2 and therefore we cannot exclude the possibility.		×	
49	An odds ratio of 1.2 or 1.3 has no meaningful clinical impact on a patient.			X
50	There are design issues with every study, both case-controls and cohort studies.	X		
51	For baby powder users, it is habit that developed at one point and stays regularly.			X
52	In order to achieve statistical significance in a prospective study, we need a much larger cohort, e.g., we will need to study upwards of 200,000 women for ten years.		×	

No.	STATEMENT	AGREE	DISAGREE	DON'T KNOW/ NO OPINION
53	Given who inherent limitation of cohort studies, it is not surprising that we have not been able to confirm the case-control studies with prospective studies, but this does not mean that the case-control studies were wrong.		×	
54	It is unlikely that the association between talc and ovarian cancer is due to confounding and so it is fair to say that if there is a statistically robust relationship between talc use and ovarian cancer, it is likely to be causal (albeit with intermediate factors such as inflammation).		\times	
55	Among many epidemiologic variables, no confounders for the association were identified.			X
56	There is a consistent association between talc and ovarian cancer that appears unlikely to be explained by recall or confounding.		×	
57	The meta-analyses of the available human studies in the peer-reviewed literature indicate a consistent and statistically significant positive association between perineal exposure to talc and ovarian cancer.		X	
58	In studies where the exposure is simple (e.g. never versus ever use), recall bias is unlikely to be an important source of bias.			X
59	Available data are indicative of a causal effect.		X	
09	The data supporting the association of talc to the development of ovarian cancer is completely inconclusive.	X		
61	The gold standard for translating epidemiologic case controlled or cohort observational studies into a clinical meaningful data relies on laboratory derived experiments in vitro or in vivo.		X	
62	Mineral talc occurs naturally in a platy (flat) form, but may also occur as asbestiform fibres, which describes its physical form and does not imply the presence of asbestos. The purer forms (approximately 90% mineral talc) are used for cosmetic and hygiene products including baby powders and feminine hygiene products. (Langseth 2008)			X

Exhibit 42

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IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW JERSEY

IN RE: JOHNSON & JOHNSON TALCUM POWDER PRODUCTS
MARKETING, SALES PRACTICES,
AND PRODUCTS LIABILITY
LITIGATION

Case No. 16-2738 (FLW) (LHG)

THIS DOCUMENT RELATES TO ALL CASES

MDL Docket No. 2738

Friday, March 29, 2019

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The video deposition of MICHAEL BIRRER, M.D.,
Ph.D., taken pursuant to notice, was held at
the law offices of Butler Snow, LLP, One Federal
Place, Suite 1000, 1819 Fifth Avenue North,
Birmingham, Alabama, commencing at approximately
9:03 a.m., on the above date, before Lois Anne
Robinson, Registered Diplomate Reporter,
Certified Realtime Reporter, and
Notary Public for the State of Alabama.

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6	Sydney Everett, Esquire	6	****
7	Sydney everett@beasleyallen com	7	EXHIBITS
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21	BY: Dawn M Curry, ESQUIRE Dawn@nutter.com	21	Risks to Humans
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22 23		22 23
22	carcinogenic properties of elongated mineral particles	22

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1	VIDEOGRAPHER:	1	It it eventually went to to court. They
2	We are now on the record. My name is	2	have a panel up there of three judges, which sort
3	Devyn Mulholland. I'm a videographer for Golkow	3	of prescreens it.
4	Litigation Services. Today's date is March 29th,	4	Q And you've also submitted a previous
5	2019. The time is 9:03 a m.	5	report in this case; correct?
6	This video deposition is being held in	6	MS. CURRY:
7	Birmingham, Alabama, in the matter of Talcum	7	Object to the form.
8	Powder Litigation, MDL Number 2738. The deponent	8	A Correct.
9	is Michael Birrer, M.D., Ph.D.	9	MS. THOMPSON:
10	Counsel will be noted on the	10	Q That was in the Swan case? Does that
11		11	sound familiar?
	stenographic record. The court reporter is Lois		
12	Robinson and will now swear in the witness.	12	A Yes.
13	MICHAEL BIRRER, M.D., PH.D.,	13	Q Have any of your opinions and that
14	the witness, after having first been	14	was in May 2017. Does that sound right?
15	duly sworn to tell the truth, the whole truth,	15	A That sounds right.
16	and nothing but the truth, was examined and	16	Q Have any of your opinions in this case
17	testified as follows:	17	changed since May 2017?
18	EXAMINATION	18	A No.
19	BY MS. THOMPSON:	19	Q Have any of your opinions changed since
20	Q Dr. Birrer, I'm Margaret Thompson, and	20	you were deposed in September of 2018?
21	I'll be taking your deposition today.	21	A No.
22	You've had your deposition taken	22	Q I guess that would be a "no" if they
23	before; right?	23	hadn't changed since 2017.
24	A Correct.	24	A It's consistent.
1	Q Including in the talcum powder	1	Q And you're aware that the purpose of
1	O Including in the talcum powder	1	O And you're aware that the purpose of
2	litigation; correct?	2	today is for me to gain a thorough understanding
3	A Yes.	3	of what opinions you plan to give at a hearing or
4	Q Have you had your deposition taken in	4	trial?
5	any other situation?	5	A Yes.
6	A I gave testimony in a case, but that	6	Q And the basis for those opinions;
7	wasn't a deposition, I don't think. No.	7	right?
8	Q And when was that?	8	A Yes.
9	A That was prior to the talc. It's	9	Q And your report states that your
10	probably goes back, I want to say, 2015, 2012,	10	opinions are given to a reasonable degree of
11	somewhere	11	scientific and medical certainty.
12	Q And what sorry.	12	What does that mean to you?
	A Yeah.	1 13	A It means that, basically, more often
13	A Yeah. O What was the nature of that matter?	13 14	, ,
13 14	Q What was the nature of that matter?	14	than not, they're correct.
13 14 15	Q What was the nature of that matter?A I was in Massachusetts at the time. It	14 15	than not, they're correct. Q And you are a medical doctor as well as
13 14 15 16	Q What was the nature of that matter? A I was in Massachusetts at the time. It was a delayed diagnosis case.	14 15 16	than not, they're correct. Q And you are a medical doctor as well as a Ph.D. researcher; correct?
13 14 15 16 17	 Q What was the nature of that matter? A I was in Massachusetts at the time. It was a delayed diagnosis case. Q A medical malpractice case? 	14 15 16 17	than not, they're correct. Q And you are a medical doctor as well as a Ph.D. researcher; correct? A Correct.
13 14 15 16 17 18	 Q What was the nature of that matter? A I was in Massachusetts at the time. It was a delayed diagnosis case. Q A medical malpractice case? A Medical malpractice, yes. 	14 15 16 17 18	than not, they're correct. Q And you are a medical doctor as well as a Ph.D. researcher; correct? A Correct. Q Do you currently see patients?
13 14 15 16 17 18 19	 Q What was the nature of that matter? A I was in Massachusetts at the time. It was a delayed diagnosis case. Q A medical malpractice case? A Medical malpractice, yes. Q Were you testifying for the plaintiff 	14 15 16 17 18 19	than not, they're correct. Q And you are a medical doctor as well as a Ph.D. researcher; correct? A Correct. Q Do you currently see patients? A I do.
13 14 15 16 17 18 19 20	 Q What was the nature of that matter? A I was in Massachusetts at the time. It was a delayed diagnosis case. Q A medical malpractice case? A Medical malpractice, yes. Q Were you testifying for the plaintiff or for the defendant? 	14 15 16 17 18 19 20	than not, they're correct. Q And you are a medical doctor as well as a Ph.D. researcher; correct? A Correct. Q Do you currently see patients? A I do. Q Do you currently diagnose ovarian
13 14 15 16 17 18 19 20 21	 Q What was the nature of that matter? A I was in Massachusetts at the time. It was a delayed diagnosis case. Q A medical malpractice case? A Medical malpractice, yes. Q Were you testifying for the plaintiff or for the defendant? A Defendant. 	14 15 16 17 18 19 20 21	than not, they're correct. Q And you are a medical doctor as well as a Ph.D. researcher; correct? A Correct. Q Do you currently see patients? A I do. Q Do you currently diagnose ovarian cancer in women?
13 14 15 16 17 18 19 20 21	 Q What was the nature of that matter? A I was in Massachusetts at the time. It was a delayed diagnosis case. Q A medical malpractice case? A Medical malpractice, yes. Q Were you testifying for the plaintiff or for the defendant? A Defendant. Q Was it a physician or a doc a 	14 15 16 17 18 19 20 21 22	than not, they're correct. Q And you are a medical doctor as well as a Ph.D. researcher; correct? A Correct. Q Do you currently see patients? A I do. Q Do you currently diagnose ovarian cancer in women? A Yes.
13 14 15 16 17 18 19 20 21	 Q What was the nature of that matter? A I was in Massachusetts at the time. It was a delayed diagnosis case. Q A medical malpractice case? A Medical malpractice, yes. Q Were you testifying for the plaintiff or for the defendant? A Defendant. 	14 15 16 17 18 19 20 21	than not, they're correct. Q And you are a medical doctor as well as a Ph.D. researcher; correct? A Correct. Q Do you currently see patients? A I do. Q Do you currently diagnose ovarian cancer in women?

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	Page 14		Page 16
1	A Yes.	1	A Yes.
2	Q And would that primarily involve the	2	Q And does that pretty much cover the
3	medical aspects, including chemotherapy	3	types of research that you would be doing in your
4	administration?	4	lab
5	A Yes.	5	MS. CURRY:
6	Q Do you perform any surgical procedures?	6	Object to the form.
7	A No.	7	MS. THOMPSON:
8	Q What	8	Q or in a general sense?
9	A I'm a medical oncologist.	9	A I'm just trying to think if there was
10	Q What	10	anything else. We obviously do a lot of
11	A I could perform it, but it wouldn't	11	review-type papers and articles. You know, I
12	come out very well.	12	think that's pretty broad. I think it does,
13	Q I understand.	13	actually.
14	What percentage of your time involves	14	Q When you do a review article, is that
15	patient care versus research?	15	usually invited by the journal, or is that a
16	A So	16	topic that you have interest in that you submit
17	MS. CURRY:	17	as a publication?
18	Object to the form.	18	A Could be both. A lot of them are
19	A right now I have a half-a-day clinic	19	invited. But we have occasionally thought of
20	a week, and then the research component, I have a	20	areas that we thought were interesting and
21	fully funded lab, probably two days a week. I'm	21	important and suggested it.
22	the director of the cancer center, which also	22	Q And are authors or review articles
23	takes a fair amount of administrative	23	generally intended to be experts in the field?
24	responsibility.	24	MS. CURRY:
	Page 15		Page 17
1	MS. THOMPSON:	1	Object to the form.
2	Q So administrative time	2	A More often than not, yes. But
3	4 37 1		
	A Yeah.	3	frequently on my reviews, I'll have some junior
4	A Yeah. Q as well included in that?	3 4	frequently on my reviews, I'll have some junior people.
4 5			
	Q as well included in that?	4	people.
5	Q as well included in that? And how would you describe the focus of	4 5	people. MS. THOMPSON:
5 6	Q as well included in that? And how would you describe the focus of your laboratory search research currently?	4 5 6	people. MS. THOMPSON: Q With with a senior author
5 6 7	Q as well included in that? And how would you describe the focus of your laboratory search research currently? A Almost entirely on ovarian cancer and exploring detailing the genomics, the molecular basis for ovarian cancer and trying to translate	4 5 6 7	people. MS. THOMPSON: Q With with a senior author usually A (Nods affirmatively.) Q correct?
5 6 7 8	Q as well included in that? And how would you describe the focus of your laboratory search research currently? A Almost entirely on ovarian cancer and exploring detailing the genomics, the molecular	4 5 6 7 8	people. MS. THOMPSON: Q With with a senior author usually A (Nods affirmatively.) Q correct? A Correct.
5 6 7 8 9 10	Q as well included in that? And how would you describe the focus of your laboratory search research currently? A Almost entirely on ovarian cancer and exploring detailing the genomics, the molecular basis for ovarian cancer and trying to translate	4 5 6 7 8 9	people. MS. THOMPSON: Q With with a senior author usually A (Nods affirmatively.) Q correct? A Correct. Q And that would be, I would think,
5 6 7 8 9 10 11	Q as well included in that? And how would you describe the focus of your laboratory search research currently? A Almost entirely on ovarian cancer and exploring detailing the genomics, the molecular basis for ovarian cancer and trying to translate that into better early detection, diagnosis and treatment. Q Are you doing in vitro as well as in	4 5 6 7 8 9 10 11 12	people. MS. THOMPSON: Q With with a senior author usually A (Nods affirmatively.) Q correct? A Correct. Q And that would be, I would think, because readers of a journal want to know that
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5 6 7 8 9 10 11 12 13	O as well included in that? And how would you describe the focus of your laboratory search research currently? A Almost entirely on ovarian cancer and exploring detailing the genomics, the molecular basis for ovarian cancer and trying to translate that into better early detection, diagnosis and treatment. Q Are you doing in vitro as well as in vivo research? A Correct.	4 5 6 7 8 9 10 11 12 13 14	people. MS. THOMPSON: Q With with a senior author usually A (Nods affirmatively.) Q correct? A Correct. Q And that would be, I would think, because readers of a journal want to know that it's an expert in the field that's providing the information in a review article; right?
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5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	And how would you describe the focus of your laboratory search research currently? A Almost entirely on ovarian cancer and exploring detailing the genomics, the molecular basis for ovarian cancer and trying to translate that into better early detection, diagnosis and treatment. Q Are you doing in vitro as well as in vivo research? A Correct. Q And have published in both animal studies as well as cellular studies? A Yes. Q Have you published with immortalized cells? A Yes. Q Have you published research with human	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	people. MS. THOMPSON: Q With with a senior author usually A (Nods affirmatively.) Q correct? A Correct. Q And that would be, I would think, because readers of a journal want to know that it's an expert in the field that's providing the information in a review article; right? MS. CURRY: Object to the form. A I think so, yeah. MS. THOMPSON: Q Would you agree with me that it would be unethical at this point in time to design a prospective study in which women were exposed to
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5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	And how would you describe the focus of your laboratory search research currently? A Almost entirely on ovarian cancer and exploring detailing the genomics, the molecular basis for ovarian cancer and trying to translate that into better early detection, diagnosis and treatment. Q Are you doing in vitro as well as in vivo research? A Correct. Q And have published in both animal studies as well as cellular studies? A Yes. Q Have you published with immortalized cells? A Yes. Q Have you published research with human	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	people. MS. THOMPSON: Q With with a senior author usually A (Nods affirmatively.) Q correct? A Correct. Q And that would be, I would think, because readers of a journal want to know that it's an expert in the field that's providing the information in a review article; right? MS. CURRY: Object to the form. A I think so, yeah. MS. THOMPSON: Q Would you agree with me that it would be unethical at this point in time to design a prospective study in which women were exposed to

5 (Pages 14 to 17)

	Page 18		Page 20
1	Object to the form.	1	A And this is this is a let me get
2	A Prospectively and randomized and	2	my glasses supplemental materials received by
3	could you just	3	me after this was done.
4	MS. THOMPSON:	4	Q Okay.
5	Q Let's start with just prospectively.	5	A Okay?
6	A I I think it would be a	6	Q And, so, "received by" you meant the
7	interesting question. I don't think it would be	7	lawyers for Johnson & Johnson provided those
8	valuable.	8	supplemental materials to you?
9	Q How about a randomized trial? Would it	9	A It was a little bit of both. I mean,
10	be ethical?	10	some of this I wasn't privy to, so I got it
11	A No. I don't think it would be valuable	11	provided to me, and some of these were additional
12	at all.	12	articles that I was I pulled out.
13	Q But I didn't ask about valuable.	13	Q Okay. And I've marked as Exhibit 1
14	What about ethical?	14	your expert report.
15	A Well, val if it's not valuable, it	15	(DEPOSITION EXHIBIT NUMBER 1
16	should it wouldn't be of great concern to do	16	WAS MARKED FOR IDENTIFICATION.)
17	that. I'm not sure what you're asking.	17	MS. THOMPSON:
18	Q Well, I'm asking if you if you have	18	Q Do you
19	a carcinogen, even a possible carcinogen, you	19	Do you have a copy? You're good on
20	could not design and get a trial through IRB	20	that?
21	using that product and a control group; correct?	21	A And mine's mine's thicker than
22	MR. MIZGALA:	22	yours, so it's got my CV in there.
23	Object to form.	23	Q I separated out your CV. So well,
24	A I guess I I see what now I see	24	good. But that's a good observation.
	Page 19		Page 21
1	what you're asking.	1	And and I marked as Exhibit 2 your
2	So my position on that is that talc	2	CV.
3	is I don't believe talc is a carcinogen.	3	A Okay.
4	MS. THOMPSON:	4	(DEPOSITION EXHIBIT NUMBER 2
5	Q I understand. But there are others	5	WAS MARKED FOR IDENTIFICATION.)
6	that do.	6	
		"	MS. THOMPSON:
7	And, so, is it your opinion that an IRB	7	Q And that should
7 8	would let a study through using what has been		
8 9	would let a study through using what has been designated as a possible carcinogen, say, for	7 8 9	Q And that should And you're good on that, too? MS. CURRY:
8 9 10	would let a study through using what has been designated as a possible carcinogen, say, for example, IARC?	7 8 9 10	Q And that should And you're good on that, too? MS. CURRY: Thank you.
8 9 10 11	would let a study through using what has been designated as a possible carcinogen, say, for example, IARC? MS. CURRY:	7 8 9 10 11	Q And that should And you're good on that, too? MS. CURRY: Thank you. MS. THOMPSON:
8 9 10	would let a study through using what has been designated as a possible carcinogen, say, for example, IARC? MS. CURRY: Object to the form.	7 8 9 10 11 12	Q And that should And you're good on that, too? MS. CURRY: Thank you. MS. THOMPSON: Q That should those combined should be
8 9 10 11	would let a study through using what has been designated as a possible carcinogen, say, for example, IARC? MS. CURRY:	7 8 9 10 11 12 13	Q And that should And you're good on that, too? MS. CURRY: Thank you. MS. THOMPSON: Q That should those combined should be the same thickness of what you've brought.
8 9 10 11 12 13 14	would let a study through using what has been designated as a possible carcinogen, say, for example, IARC? MS. CURRY: Object to the form. A I have no idea. MS. THOMPSON:	7 8 9 10 11 12 13 14	Q And that should And you're good on that, too? MS. CURRY: Thank you. MS. THOMPSON: Q That should those combined should be the same thickness of what you've brought. And I also brought the Notice of
8 9 10 11 12 13 14 15	would let a study through using what has been designated as a possible carcinogen, say, for example, IARC? MS. CURRY: Object to the form. A I have no idea. MS. THOMPSON: Q All right. So the ground rules are	7 8 9 10 11 12 13 14 15	Q And that should And you're good on that, too? MS. CURRY: Thank you. MS. THOMPSON: Q That should those combined should be the same thickness of what you've brought. And I also brought the Notice of Deposition, which I'm going to hand you.
8 9 10 11 12 13 14	would let a study through using what has been designated as a possible carcinogen, say, for example, IARC? MS. CURRY: Object to the form. A I have no idea. MS. THOMPSON: Q All right. So the ground rules are we'll try not to interrupt each other. Let me	7 8 9 10 11 12 13 14 15 16	Q And that should And you're good on that, too? MS. CURRY: Thank you. MS. THOMPSON: Q That should those combined should be the same thickness of what you've brought. And I also brought the Notice of Deposition, which I'm going to hand you. (DEPOSITION EXHIBIT NUMBER 3
8 9 10 11 12 13 14 15	would let a study through using what has been designated as a possible carcinogen, say, for example, IARC? MS. CURRY: Object to the form. A I have no idea. MS. THOMPSON: Q All right. So the ground rules are we'll try not to interrupt each other. Let me know if I ask a bad question or one that you	7 8 9 10 11 12 13 14 15	Q And that should And you're good on that, too? MS. CURRY: Thank you. MS. THOMPSON: Q That should those combined should be the same thickness of what you've brought. And I also brought the Notice of Deposition, which I'm going to hand you.
8 9 10 11 12 13 14 15	would let a study through using what has been designated as a possible carcinogen, say, for example, IARC? MS. CURRY: Object to the form. A I have no idea. MS. THOMPSON: Q All right. So the ground rules are we'll try not to interrupt each other. Let me know if I ask a bad question or one that you don't understand, and I'll expect you to answer	7 8 9 10 11 12 13 14 15 16 17	Q And that should And you're good on that, too? MS. CURRY: Thank you. MS. THOMPSON: Q That should those combined should be the same thickness of what you've brought. And I also brought the Notice of Deposition, which I'm going to hand you. (DEPOSITION EXHIBIT NUMBER 3 WAS MARKED FOR IDENTIFICATION.) MS. THOMPSON:
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8 9 10 11 12 13 14 15 16 17	would let a study through using what has been designated as a possible carcinogen, say, for example, IARC? MS. CURRY: Object to the form. A I have no idea. MS. THOMPSON: Q All right. So the ground rules are we'll try not to interrupt each other. Let me know if I ask a bad question or one that you don't understand, and I'll expect you to answer	7 8 9 10 11 12 13 14 15 16 17	Q And that should And you're good on that, too? MS. CURRY: Thank you. MS. THOMPSON: Q That should those combined should be the same thickness of what you've brought. And I also brought the Notice of Deposition, which I'm going to hand you. (DEPOSITION EXHIBIT NUMBER 3 WAS MARKED FOR IDENTIFICATION.) MS. THOMPSON:
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8 9 10 11 12 13 14 15 16 17 18 19 20	would let a study through using what has been designated as a possible carcinogen, say, for example, IARC? MS. CURRY: Object to the form. A I have no idea. MS. THOMPSON: Q All right. So the ground rules are we'll try not to interrupt each other. Let me know if I ask a bad question or one that you don't understand, and I'll expect you to answer honestly. Fair enough? A Yes.	7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q And that should And you're good on that, too? MS. CURRY: Thank you. MS. THOMPSON: Q That should those combined should be the same thickness of what you've brought. And I also brought the Notice of Deposition, which I'm going to hand you. (DEPOSITION EXHIBIT NUMBER 3 WAS MARKED FOR IDENTIFICATION.) MS. THOMPSON: Q And this is the one with objections. Have you seen this before, Dr. Birrer?
8 9 10 11 12 13 14 15 16 17 18 19 20 21	would let a study through using what has been designated as a possible carcinogen, say, for example, IARC? MS. CURRY: Object to the form. A I have no idea. MS. THOMPSON: Q All right. So the ground rules are we'll try not to interrupt each other. Let me know if I ask a bad question or one that you don't understand, and I'll expect you to answer honestly. Fair enough? A Yes. Q If you need a break, let me know.	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q And that should And you're good on that, too? MS. CURRY: Thank you. MS. THOMPSON: Q That should those combined should be the same thickness of what you've brought. And I also brought the Notice of Deposition, which I'm going to hand you. (DEPOSITION EXHIBIT NUMBER 3 WAS MARKED FOR IDENTIFICATION.) MS. THOMPSON: Q And this is the one with objections. Have you seen this before, Dr. Birrer? A Yes.
8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	would let a study through using what has been designated as a possible carcinogen, say, for example, IARC? MS. CURRY: Object to the form. A I have no idea. MS. THOMPSON: Q All right. So the ground rules are we'll try not to interrupt each other. Let me know if I ask a bad question or one that you don't understand, and I'll expect you to answer honestly. Fair enough? A Yes. Q If you need a break, let me know. What did you bring with you today?	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q And that should And you're good on that, too? MS. CURRY: Thank you. MS. THOMPSON: Q That should those combined should be the same thickness of what you've brought. And I also brought the Notice of Deposition, which I'm going to hand you. (DEPOSITION EXHIBIT NUMBER 3 WAS MARKED FOR IDENTIFICATION.) MS. THOMPSON: Q And this is the one with objections. Have you seen this before, Dr. Birrer? A Yes. Q And did you look at the request on

6 (Pages 18 to 21)

1 2	Q Is there and there's nothing that	1	
		1 +	Q this litigation?
_	was responsive to any of these requests?	2	And be careful not to interrupt just
3	MS. CURRY:	3	because it makes our court reporter's job a
4	Objection. Subject to the objections	4	little more difficult.
5	that were made by counsel.	5	How much money have you been paid total
6	MS. THOMPSON:	6	by Johnson & Johnson in talcum powder litigation?
7	Q Subject	7	A To date, nothing.
8	MS. THOMPSON:	8	Q You haven't been paid for any of the
9	Sorry.	9	other cases that you've testified in?
10	Q Subject to the objections.	10	A Correct.
11	A Yeah.	11	Q Why is that?
12	Q So where would you keep your file for	12	A I'm a lousy businessman. I haven't
13	the litigation?	13	invoiced for Swan yet and I haven't invoiced for
14	MS. CURRY:	14	Brower. But I can I can estimate the hours.
15	And I'm sorry. Just to clarify for the	15	Q Go ahead and estimate.
16	record, there is a small production at the back	16	A Swan I think is around 80 hours
17	that incorporates the	17	Q Okay.
18	MS. THOMPSON:	18	A because it was the initial case. It
19	Yes.	19	was a bundled bundled five cases, so involved
20	MS. CURRY:	20	a lot of review. And the deposition alone was
21	invoice as well as the supplemental	21	quite long. I remember like it was yesterday.
22	fee schedule and the supplemental list of	22	And, then, Brower was probably about 40
23	materials.	23	hours.
24	MS. THOMPSON:	24	Q Okay.
	Page 23		Page 25
1	Right.	1	A And those invoices are being
2	Q So the supplemental material list that	2	constructed.
3	you brought with you today, Dr. Birrer, is	3	Q And you're charging those at the same
4	attached to the back of this notice with	4	rate as in your fee schedule
5	objections; correct?	5	A That's right.
6	A That's the same as this. Yes.	6	Q attached to this document?
7	Q Yes.	7	A That's right.
8	A Yeah. Uh-huh.	8	Q Okay. When were you first approached
9	Q And also attached to this this	9	by Johnson & Johnson as about serving as an
10	notice with objections are your fees; correct?	10	expert in talcum powder litigation?
11	A Correct.	11	A So that was before the that was the
12	Q And are are those all the invoices	12	Blaes or Swan case. I believe it was in
13	that you have submitted thus far?	13	December, around November, December of 2016.
14	A Yes.	14	Q '16?
15	Q And how much and from this	15	A Thank you. Time flies.
16	invoice that's attached to Exhibit 3 goes through	16	Q Only because I know that the report was
17	March 17th.	17	submitted in May, so
18	How much time would you say you have	18	A (Nods affirmatively.)
19	spent since March 17th preparing for the case?	19	Q I'm assuming that you didn't work 18
20	A I'd say probably put another 15 hours,	20	months on that
21	And I haven't invoiced that yet.	21	A No.
22	Q Okay. And you have testified in other	22	Q case.
	cases for the defendants in	23	And you were asked in for this
23	cases for the defendants in	23	That you were asked in for this

7 (Pages 22 to 25)

	Page 26		Page 28
1	biological plausibility of the plaintiffs' theory	1	with an increased risk of epithelial ovarian
2	that cosmetic talcum powder can cause ovarian	2	cancer?
3	cancer. Right?	3	A Correct.
4	A Correct.	4	Q Is it your opinion that the genital use
5	Q And that would be the stand from	5	of talcum powder is not a risk factor for
6	the standpoint of the genomics and molecular	6	epithelial ovarian cancer?
7	biology that is your expertise; correct?	7	A Correct.
8	MS. CURRY:	8	Q Is it your opinion that genital use of
9	Object to the form.	9	talcum powder products does not cause ovarian
10	A So I think they were asking me in the	10	cancer?
11	big picture the biologic plausibility of talc	11	A Correct.
12	being involved in the causing ovarian cancer	12	Q Is it your opinion that the genital use
13	and then my scientific experience, even clinical	13	of talcum powder products does not cause ovarian
14	experience, would factor into to to that	14	cancer in some women?
15	expert opinion.	15	MS. CURRY:
16	MS. THOMPSON:	16	Object to the form.
17	Q Was that a different opinion than what	17	A Correct.
18	you were asked to provide in the previous cases	18	MS. THOMPSON:
19	that you testified in?	19	Q And that would be ever.
20	MS. CURRY:	20	MS. CURRY:
21	Object to the form.	21	Object object to the form.
22	A Previously the answer, I believe, is	22	A No data to support that.
23	no. But I was asked for general causation	23	MS. THOMPSON:
24	before. This was a more somewhat more narrow	24	Q Is it your opinion that the genital use
	Page 27		Page 29
1	expert opinion.	1	of talcum powder does not contribute to the
2	MS. THOMPSON:	2	development of epithelial ovarian cancer?
3	Q So in this case, you're not providing	3	A Yes.
4	general causation opinions. You're providing the	4	Q And do you say that there's no data to
5	biological mechanism, plausibility opinions;	5	support that as well?
6	correct?	6	A Correct.
7	A Well, the title	7	Q Is it your opinion that genital use of
8	MS. CURRY:	8	talcum powder does not contribute to the
9	Object to the form.	9	development of ovarian cancer in some women?
10	A The title on the expert report is for	10	MS. CURRY:
11	General Causation For the Daubert Hearing. But	11	Object to the form.
12	my understanding was was to focus extensively,	12	A There's no data to support that either.
13	if you will, on the biologic plausibility.	13	MS. THOMPSON:
14	MS. THOMPSON:	14	Q So the answer is yes?
15	Q And because biological plausibility is	15	A Yes.
	part of general causation; correct?	16	Q Is it your opinion that any proposed
16		I	
	A Correct.	17	biologic mechanism for how the genital use of
16		17 18	talcum powder products could cause epithelial
16 17	A Correct.		-
16 17 18	A Correct. Q But it's not the whole of general	18	talcum powder products could cause epithelial
16 17 18 19	A Correct. Q But it's not the whole of general causation. Is that your understanding?	18 19	talcum powder products could cause epithelial ovarian cancer is not plausible?
16 17 18 19 20	 A Correct. Q But it's not the whole of general causation. Is that your understanding? A Correct. Q So I want to make sure that I 	18 19 20	talcum powder products could cause epithelial ovarian cancer is not plausible? MS. CURRY: Object to the form.
16 17 18 19 20 21	A Correct. Q But it's not the whole of general causation. Is that your understanding? A Correct.	18 19 20 21	talcum powder products could cause epithelial ovarian cancer is not plausible? MS. CURRY: Object to the form.

8 (Pages 26 to 29)

	Page 30		Page 32
1	Q Is it your opinion that any proposed	1	Object to the form.
2	biologic mechanism for how the genital use of	2	A Correct.
3	talcum powder products might contribute to the	3	MS. THOMPSON:
4	development of ovarian cancer is not plausible?	4	Q Are all the opinions contained in your
5	MS. CURRY:	5	report that you will be providing in this case?
6	Object to the form.	6	A That's a tough question to ask because
7	A There's no data for that either.	7	I don't know what you're gonna ask me.
8	MS. THOMPSON:	8	Q Fair enough.
9	Q So the answer would be yes?	9	Can you think of any areas, sitting
10	A Yes.	10	here today, that you intend to testify in other
11	Q Do you intend to give opinions on	11	than the migration and transport of particles and
12	whether talc particles can reach the ovaries?	12	the molecular and genomics of cellular tissue
13	A I believe on my expert report and in	13	response to tale?
14	and I'm more than happy to talk about it	14	MS. CURRY:
15	reviews the migration theories.	15	Object to the form.
16	Q Do you consider yourself to be an	16	A Well, that's the bulk of my expert
17	expert in that area?	17	report. I'm again, it depends on what you ask
18	A I think that those studies are	18	me within the construct of general causation.
19	relatively straightforward and, based upon my	19	I'm willing to talk about some of that.
20	experience that, I would be relatively easy to	20	MS. THOMPSON:
21	interpret those.	21	Q Okay. I understand.
22	Q Do you feel like you would be in a	22	A Uh-huh.
23	better position than a gynecologist or	23	Q And you are not an epidemiologist;
24	gynecologic oncologist?	24	correct?
	Page 31		Page 33
1	A Yes.	1	A I don't have a degree in epidemiology.
2	Q Have you found any new expertise in the	2	But I have training.
3	migration or transport of particles in the female	3	Q So would you agree that your
4	reproductive system since 2017?	4	understanding of epidemiology is general in
5	MS. CURRY:	5	nature?
6	Object to the form.	6	MS. CURRY:
7	A I'm not sure what you mean by "found	7	Object to the form.
8	any new expertise." In the literature or my own	8	A So in order to be a, you know,
9	experience?	9	laboratory-based scientist in this field and a
10	MS. THOMPSON:	10	clinician to treat patients, you certainly need
11	Q Do you believe that you have more	11	to have an understanding of epidemiologic
12	expertise in that subject than you did in 2017?	12	studies, so I have that understanding. And I
13	A I think that it's comparable.	13	think that it gives me the ability to assess
14	Q So that would be no additional	14	epidemiologic studies and to draw conclusions
15	expertise since 2017, when you testified	15	from them.
16	previously?	16	MS. THOMPSON:
17	MS. CURRY:	17	Q But if you're looking for more nuanced
18	Object to the form.	18	or more comprehensive epidemiological experience,
	A Not that I can identify as as we're	19	you would look to an actual epidemiologist;
19	· · · · · · · · · · · · · · · · · · ·		correct?
19 20	discussing this.	20	
19 20 21	discussing this. MS. THOMPSON:	21	MS. CURRY:
19 20 21 22	discussing this. MS. THOMPSON: Q And same for 2018, when you gave a	21 22	MS. CURRY: Object to the form.
19 20 21	discussing this. MS. THOMPSON:	21	MS. CURRY:

9 (Pages 30 to 33)

	Page 34		Page 36
1	MS. THOMPSON:	1	comments, and they're all listed in terms of
2	Q Well, for example, in the consortium	2	biologic plausibility. And then, of course, I
3	that you publish with, there are specific	3	spent a lot of time on Dr. Saed.
4	epidemiologists that publish with the group;	4	MS. THOMPSON:
5	correct?	5	Q My question, though, is which of the
6	A Which consortium are you referring to?	6	plaintiff experts were you asked to offer
7	Q There are several?	7	criticism of?
8	A Yes.	8	MS. CURRY:
9	Q Take take the Ovarian Cancer	9	Object to the form.
10	Association Consortium.	10	A So I reviewed the entire list, and
11	A The GOS?	11	that's listed in the materials. I think it's on
12	Q No. OCAC or	12	page
13	A Okay.	13	MS. THOMPSON:
14	Q There are specific epidemiologists that	14	Q 28?
15	I assume are recruited to to provide the	15	A 28 and 29.
16	epidemiology experience in that consortium;	16	Q Okay. Let's go ahead and go do
17	correct?	17	did you read all of these experts expert
18	A There are epidemiologists in that	18	reports?
19	consortium. I will point out there are lots of	19	A I looked through them, yes.
20	other people and scientists.	20	Q And each one?
21	Q And and and you would be sought	21	A Correct.
22	out for that type of consortium because of your	22	Q All right. Let's go through each one
23	molecular experience; correct?	23	and have you tell me what you gleaned from each
24	MS. CURRY:	24	expert report.
	Page 35		Page 37
1	Object to the form.	1	MS. CURRY:
2	A Well, I would add to that that I think	2	Object to the form.
3	from a sort of a clinical standpoint we	3	MS. THOMPSON:
4	provide some reality testing in terms of	4	Q Ann McTiernan, do you know Ann
5	whether what they're observing is actually	5	McTiernan?
6	meaningful.	6	A I don't know her personally.
7	MS. THOMPSON:	7	Q What's her field of expertise?
8	Q Yes. So it would be for your	8	A I would have to check that.
9	experience as a clinician in genomics and	9	Q So you don't remember here today
10	molecular researcher; right?	10	what
11	A Yes.	11	A Well, you're reviewing, I think
12	Q That makes sense.	12	let's be honest, 300 pages. I'm not going to be
13	You're not a gynecologist or	13	able to go through those systematically.
14	gynecologic oncologist; correct?	14	Q Well
15	A Correct.	15	A But if you look at my report, it very
16	Q Were you asked to offer criticism of	16	specifically addressed some of the flaws in the
17	plaintiff experts and their opinions?	17	experts' opinions regarding migration of talc.
18	MS. CURRY:	18	Q I I understand. But my question is
19	Object to the form.	19	do you know what Dr. McTiernan's area of
20	A So in my expert report, I really	20	expertise is? And it's fine if you don't.
21	reviewed the primary literature, and with with	21	A I'd have to look it up.
22	then integrating that into the arguments made by	22	Q Okay. Do you know Dr. Carson's area of
23	plaintiffs' expert witnesses. So you see in a	23	expertise?
ر ب			
24	section there I began to look at individuals'	24	A I have never met him, and I don't know

10 (Pages 34 to 37)

	Page 38		Page 40
1	him.	1	experiments?
2	Q Have you met Dr. McTiernan?	2	A No. Laboratory-based?
3	A No.	3	Q Laboratory, yes.
4	Q What is Dr. Clarke-Pearson's area of	4	A No.
5	expertise?	5	Q What did you know about talcum powder
6	A Clarke-Pearson is a gynecological	6	and a possible link to ovarian cancer before you
7	oncologist, former department chair at UNC. Now	7	were approached to serve as an expert in 2017?
8	he's stepped down.	8	A So it was not something that we dealt
9	Q And do you know Dr. Clarke-Pearson?	9	with clinically. We never counseled patients.
10	A I've met him.	10	Scientifically, it never really was part of my
11	Q And what about Dr. Kessler?	11	laboratory effort. I didn't know really I
12	A I've never met Dr. Kessler.	12	didn't know anybody working with it in the lab.
13	Q What's his area of expertise?	13	And and, you know, to be fair, I would say
14	A I can't quote you that.	14	that I was aware of the sort of concept that some
15	Q What's Dr. Smith's area of expertise?	15	people some epidemiologic studies were being
16	A I think Dr. Smith's pretty actually,	16	done trying to determine relationship of talc
17	I can't tell you.	17	exposure to ovarian cancer. And that's about it.
18	Q And Dr. Saed, I think we know.	18	Q Were you were you aware of the
19	What about Dr. Siemiatycki?	19	issues raised by Dr. Woodruff and others in the
20	A Uh-uh. No.	20	'70s about possible contamination with asbestos?
21	Q Dr. Wolf?	21	MS. CURRY:
22	A I've met Judith. She's a gynecologic	22	Object to the form.
23	oncologist.	23	A No.
24	Q And do you know Dr. Zelikoff's area of	24	MS. THOMPSON:
	2 And do you know 51. Zenkon s ded of		MB. THOMESON.
	Page 39		Page 41
1	expertise?	1	Q Did you have any opinions about whether
2	A I don't know her.	2	talcum powder could cause ovarian cancer before
3	Q Nor her area of expertise?	3	you were approached to serve as an expert?
4	A Correct.	4	A Well, my sense was that it wasn't a
5	Q What about Dr. Plunkett? Do you know	5	factor.
6	her area of expertise?	6	Q And what was
7	A I don't.	7	A Because we again, we weren't we
8	Q Dr. Moorman, do you know her area of	8	weren't using it in the clinic. We weren't
9	expertise?	9	talking about it. There were essentially no
10	A Don't know her. No.	10	presentations in the biologic plausibility within
11	Q Dr. Smith-Bindman, do you know her area	11	any of the scientific meetings that I would go
12	of expertise?	12	to.
	A No.	13	Q And at that time, that's what your
13			
13 14	Q Do you know the area of expertise of	14	impression, at least, would have been based on?
		14 15	impression, at least, would have been based on? MS. CURRY:
14	Q Do you know the area of expertise of		•
14 15	Q Do you know the area of expertise of Dr. Kane?	15	MS. CURRY:
14 15 16	Q Do you know the area of expertise ofDr. Kane?A Nope.	15 16	MS. CURRY: Object to the form.
14 15 16 17	Q Do you know the area of expertise ofDr. Kane?A Nope.Q Dr. Levy?	15 16 17	MS. CURRY: Object to the form. A Yeah.
14 15 16 17 18	Q Do you know the area of expertise ofDr. Kane?A Nope.Q Dr. Levy?A No.	15 16 17 18	MS. CURRY: Object to the form. A Yeah. MS. THOMPSON:
14 15 16 17 18	 Q Do you know the area of expertise of Dr. Kane? A Nope. Q Dr. Levy? A No. Q Dr. Singh? 	15 16 17 18 19	MS. CURRY: Object to the form. A Yeah. MS. THOMPSON: Q Did you write your report?
14 15 16 17 18 19	 Q Do you know the area of expertise of Dr. Kane? A Nope. Q Dr. Levy? A No. Q Dr. Singh? A No. 	15 16 17 18 19 20	MS. CURRY: Object to the form. A Yeah. MS. THOMPSON: Q Did you write your report? A Yes.
14 15 16 17 18 19 20 21	 Q Do you know the area of expertise of Dr. Kane? A Nope. Q Dr. Levy? A No. Q Dr. Singh? A No. Q Were you asked by Johnson & Johnson to 	15 16 17 18 19 20 21	MS. CURRY: Object to the form. A Yeah. MS. THOMPSON: Q Did you write your report? A Yes. Q Every word?

11 (Pages 38 to 41)

	Page 42		Page 44
1	went back and did a reference list and then	1	of information, I did that by searching.
2	pulled more. As I said before, the expert	2	MS. THOMPSON:
3	reports would have been provided from counsel.	3	Q And what search engines did you use?
4	There may have been some papers that I	4	A It was mostly PubMed, which is
5	said, hey, I don't have this. Can you pull this	5	something we use all the time.
6	out? And then they would they would provide	6	Q And did you what search terms did
7	it to me.	7	you use?
8	Q And there are just so I understand	8	A Ovary, ovarian cancer, talc. So the
9	the literature	9	ones you you'd predict. And that doesn't
10	A Uh-huh.	10	necessarily generate the entire list. Right? I
11	Q there's literature that you actually	11	mean, you get the list and then you look at the
12	cite in the report in footnotes; right?	12	papers, go back to the references in those
13	A Correct.	13	papers, and then you see if you you're missing
14	Q And then there's another list at the	14	out. Then you pull out more. And as you go
15	end of the report that's considered that's	15	through this iteration, you begin to find out
16	titled "Materials Reviewed and Considered by Dr.	16 17	that you're identifying the same patient the
17 18	Birrer"; right? A That's right.	18	same papers. So then you begin to get an idea that you have the sum total of what you need.
19		19	
20	Q And can I assume that the literature that are actually cited in the footnotes is	20	Q And have you saved those papers anywhere?
21	literature that you felt was particularly	21	A So those were the way that worked
22	significant?	22	was they came in, mostly computer-based, and then
23	MS. CURRY:	23	I would look at those, extract what I wanted, and
24	Object to the form.	24	then construct the report. And that was all done
	ogot to the form.		and construct the report. That that was an done
	Page 43		Page 45
1	A Yeah. So the idea here was to try to	1	in the computer.
2	provide some guidance as to where that reference	2	Q But what happened to the articles?
		4	= -
3	was relevant within the document. That's why	3	MS. CURRY:
4	was relevant within the document. That's why it's on each page. At the end is a sort of sum	3 4	MS. CURRY: Object to the form.
4 5	was relevant within the document. That's why it's on each page. At the end is a sort of sum total.	3 4 5	MS. CURRY: Object to the form. A Well, they'd be computer-based, or
4 5 6	was relevant within the document. That's why it's on each page. At the end is a sort of sum total. MS. THOMPSON:	3 4 5 6	MS. CURRY: Object to the form. A Well, they'd be computer-based, or there's backup, I believe, some backup copies
4 5 6 7	was relevant within the document. That's why it's on each page. At the end is a sort of sum total. MS. THOMPSON: Q Okay.	3 4 5 6 7	MS. CURRY: Object to the form. A Well, they'd be computer-based, or there's backup, I believe, some backup copies here on everything.
4 5 6 7 8	was relevant within the document. That's why it's on each page. At the end is a sort of sum total. MS. THOMPSON: Q Okay. A Yeah.	3 4 5 6 7 8	MS. CURRY: Object to the form. A Well, they'd be computer-based, or there's backup, I believe, some backup copies here on everything. MS. THOMPSON:
4 5 6 7 8 9	was relevant within the document. That's why it's on each page. At the end is a sort of sum total. MS. THOMPSON: Q Okay. A Yeah. Q Did you choose any quotes that are	3 4 5 6 7 8	MS. CURRY: Object to the form. A Well, they'd be computer-based, or there's backup, I believe, some backup copies here on everything. MS. THOMPSON: Q So so everything that you looked at
4 5 6 7 8 9	was relevant within the document. That's why it's on each page. At the end is a sort of sum total. MS. THOMPSON: Q Okay. A Yeah. Q Did you choose any quotes that are included in your expert report yourself?	3 4 5 6 7 8 9	MS. CURRY: Object to the form. A Well, they'd be computer-based, or there's backup, I believe, some backup copies here on everything. MS. THOMPSON: Q So so everything that you looked at would be in your materials considered list and
4 5 6 7 8 9 10	was relevant within the document. That's why it's on each page. At the end is a sort of sum total. MS. THOMPSON: Q Okay. A Yeah. Q Did you choose any quotes that are included in your expert report yourself? MS. CURRY:	3 4 5 6 7 8 9 10	MS. CURRY: Object to the form. A Well, they'd be computer-based, or there's backup, I believe, some backup copies here on everything. MS. THOMPSON: Q So so everything that you looked at would be in your materials considered list and the supplemental materials considered list?
4 5 6 7 8 9 10 11	was relevant within the document. That's why it's on each page. At the end is a sort of sum total. MS. THOMPSON: Q Okay. A Yeah. Q Did you choose any quotes that are included in your expert report yourself? MS. CURRY: Object to the form.	3 4 5 6 7 8 9 10 11 12	MS. CURRY: Object to the form. A Well, they'd be computer-based, or there's backup, I believe, some backup copies here on everything. MS. THOMPSON: Q So so everything that you looked at would be in your materials considered list and the supplemental materials considered list? A Correct. Yep.
4 5 6 7 8 9 10 11 12 13	was relevant within the document. That's why it's on each page. At the end is a sort of sum total. MS. THOMPSON: Q Okay. A Yeah. Q Did you choose any quotes that are included in your expert report yourself? MS. CURRY: Object to the form. MS. THOMPSON:	3 4 5 6 7 8 9 10 11 12 13	MS. CURRY: Object to the form. A Well, they'd be computer-based, or there's backup, I believe, some backup copies here on everything. MS. THOMPSON: Q So so everything that you looked at would be in your materials considered list and the supplemental materials considered list? A Correct. Yep. Q Did you look at plaintiff expert
4 5 6 7 8 9 10 11 12 13 14	was relevant within the document. That's why it's on each page. At the end is a sort of sum total. MS. THOMPSON: Q Okay. A Yeah. Q Did you choose any quotes that are included in your expert report yourself? MS. CURRY: Object to the form. MS. THOMPSON: Q It was a bad question.	3 4 5 6 7 8 9 10 11 12 13 14	MS. CURRY: Object to the form. A Well, they'd be computer-based, or there's backup, I believe, some backup copies here on everything. MS. THOMPSON: Q So so everything that you looked at would be in your materials considered list and the supplemental materials considered list? A Correct. Yep. Q Did you look at plaintiff expert depositions?
4 5 6 7 8 9 10 11 12 13 14 15	was relevant within the document. That's why it's on each page. At the end is a sort of sum total. MS. THOMPSON: Q Okay. A Yeah. Q Did you choose any quotes that are included in your expert report yourself? MS. CURRY: Object to the form. MS. THOMPSON: Q It was a bad question. Did you choose the quotes that are	3 4 5 6 7 8 9 10 11 12 13 14 15	MS. CURRY: Object to the form. A Well, they'd be computer-based, or there's backup, I believe, some backup copies here on everything. MS. THOMPSON: Q So so everything that you looked at would be in your materials considered list and the supplemental materials considered list? A Correct. Yep. Q Did you look at plaintiff expert depositions? A Correct.
4 5 6 7 8 9 10 11 12 13 14 15 16	was relevant within the document. That's why it's on each page. At the end is a sort of sum total. MS. THOMPSON: Q Okay. A Yeah. Q Did you choose any quotes that are included in your expert report yourself? MS. CURRY: Object to the form. MS. THOMPSON: Q It was a bad question. Did you choose the quotes that are included in your expert report?	3 4 5 6 7 8 9 10 11 12 13 14 15 16	MS. CURRY: Object to the form. A Well, they'd be computer-based, or there's backup, I believe, some backup copies here on everything. MS. THOMPSON: Q So so everything that you looked at would be in your materials considered list and the supplemental materials considered list? A Correct. Yep. Q Did you look at plaintiff expert depositions? A Correct. Q Which ones?
4 5 6 7 8 9 10 11 12 13 14 15 16 17	was relevant within the document. That's why it's on each page. At the end is a sort of sum total. MS. THOMPSON: Q Okay. A Yeah. Q Did you choose any quotes that are included in your expert report yourself? MS. CURRY: Object to the form. MS. THOMPSON: Q It was a bad question. Did you choose the quotes that are included in your expert report? A Correct.	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	MS. CURRY: Object to the form. A Well, they'd be computer-based, or there's backup, I believe, some backup copies here on everything. MS. THOMPSON: Q So so everything that you looked at would be in your materials considered list and the supplemental materials considered list? A Correct. Yep. Q Did you look at plaintiff expert depositions? A Correct. Q Which ones? A So I looked at the deposition of
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4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	was relevant within the document. That's why it's on each page. At the end is a sort of sum total. MS. THOMPSON: Q Okay. A Yeah. Q Did you choose any quotes that are included in your expert report yourself? MS. CURRY: Object to the form. MS. THOMPSON: Q It was a bad question. Did you choose the quotes that are included in your expert report? A Correct. Q Did you choose the language that you used to criticize the plaintiffs' experts?	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	MS. CURRY: Object to the form. A Well, they'd be computer-based, or there's backup, I believe, some backup copies here on everything. MS. THOMPSON: Q So so everything that you looked at would be in your materials considered list and the supplemental materials considered list? A Correct. Yep. Q Did you look at plaintiff expert depositions? A Correct. Q Which ones? A So I looked at the deposition of Dr. Saenz. I think that's listed on supplemental deposition.
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	was relevant within the document. That's why it's on each page. At the end is a sort of sum total. MS. THOMPSON: Q Okay. A Yeah. Q Did you choose any quotes that are included in your expert report yourself? MS. CURRY: Object to the form. MS. THOMPSON: Q It was a bad question. Did you choose the quotes that are included in your expert report? A Correct. Q Did you choose the language that you used to criticize the plaintiffs' experts? A Correct.	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MS. CURRY: Object to the form. A Well, they'd be computer-based, or there's backup, I believe, some backup copies here on everything. MS. THOMPSON: Q So so everything that you looked at would be in your materials considered list and the supplemental materials considered list? A Correct. Yep. Q Did you look at plaintiff expert depositions? A Correct. Q Which ones? A So I looked at the deposition of Dr. Saenz. I think that's listed on supplemental deposition. MS. CURRY:
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4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	was relevant within the document. That's why it's on each page. At the end is a sort of sum total. MS. THOMPSON: Q Okay. A Yeah. Q Did you choose any quotes that are included in your expert report yourself? MS. CURRY: Object to the form. MS. THOMPSON: Q It was a bad question. Did you choose the quotes that are included in your expert report? A Correct. Q Did you choose the language that you used to criticize the plaintiffs' experts? A Correct. Q Did you perform any searches? MS. CURRY:	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MS. CURRY: Object to the form. A Well, they'd be computer-based, or there's backup, I believe, some backup copies here on everything. MS. THOMPSON: Q So so everything that you looked at would be in your materials considered list and the supplemental materials considered list? A Correct. Yep. Q Did you look at plaintiff expert depositions? A Correct. Q Which ones? A So I looked at the deposition of Dr. Saenz. I think that's listed on supplemental deposition. MS. CURRY: I believe she asked about plaintiff expert deposition.
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	was relevant within the document. That's why it's on each page. At the end is a sort of sum total. MS. THOMPSON: Q Okay. A Yeah. Q Did you choose any quotes that are included in your expert report yourself? MS. CURRY: Object to the form. MS. THOMPSON: Q It was a bad question. Did you choose the quotes that are included in your expert report? A Correct. Q Did you choose the language that you used to criticize the plaintiffs' experts? A Correct. Q Did you perform any searches?	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MS. CURRY: Object to the form. A Well, they'd be computer-based, or there's backup, I believe, some backup copies here on everything. MS. THOMPSON: Q So so everything that you looked at would be in your materials considered list and the supplemental materials considered list? A Correct. Yep. Q Did you look at plaintiff expert depositions? A Correct. Q Which ones? A So I looked at the deposition of Dr. Saenz. I think that's listed on supplemental deposition. MS. CURRY: I believe she asked about plaintiff

12 (Pages 42 to 45)

2 3 4 5	A I'm sorry. I'm on the wrong one. So that would be Dr. Saed.	1	MS. CURRY:
3 4 5			
4 5		2	Here you go.
4 5	Q Uh-huh.	3	A This supplemental list with objections
	A And I think let's go back and look.	4	or the extra paper?
	I think yeah. It was 23 and 24 are were	5	MS. THOMPSON:
	both the Saed depositions. I think that's it.	6	Q And you reviewed some reports from
7	Q In the file the backup file that you	7	governmental and regulatory agencies; correct?
8	mentioned that's here, is that on a thumb drive	8	A Correct.
9	or what's	9	Q I'll go ahead and mark those. We're
10	MS. CURRY:	10	gonna discuss them more later.
11	Object to the form. They're actually	11	(DEPOSITION EXHIBIT NUMBER 4
12	my the lawyer's files. I just brought a copy	12	WAS MARKED FOR IDENTIFICATION.)
13	of the references in case we needed to refer to	13	MS. THOMPSON:
14	everything. But it's not actually not	14	Q You've looked at the Health Canada's
15	Dr. Birrer's file.	15	recent draft assessment; correct?
16	MS. THOMPSON:	16	A Yes.
17	Q So there's no electronic file that you	17	Q When did you first see that?
18	possess?	18	A It was in a deposition of Dr. Saenz's.
19	A Yeah.	19	Q And do you know when that was first
20	Q Did you make any notes or highlights on	20	published?
21	any of the articles that	21	A The Health Canada?
22	A (Shakes head negatively.)	22	Q Yes.
23	Q And in addition to Dr. Saed's	23	A Fairly recently. Can't quote you the
24	deposition, you have listed two drafts of his	24	date.
	Page 47		Page 49
1	manuscript that was recently published; correct?	1	Q If it was December, would that surprise
	A I believe I saw the pre-print and then	2	you?
3	the copy of the actual published paper. And, of	3	MS. CURRY:
	course, his expert report.	4	Object to the form.
5	Q When did you first see Dr. Saed's	5	A December of
6	manuscript?	6	MS. THOMPSON:
	MS. CURRY:	7	Q Of'18?
8	Object to the form.	8	A That's pretty recent.
9	A Preprint or published?	9	Q Were you not aware that this had been
10	MS. THOMPSON:	10	put online by Health Canada prior to Dr. Saenz's
11	Q Either.	11	deposition?
12	A So I think the preprint came first,	12	A I was not.
13	obviously. The expert report was available	13	Q Did you review that 2014 letter from
	first, and then the preprint, and then just	14	FDA in response to a public citizen complaint?
15	within, I think, a month and a half I got the	15	A I am familiar with that.
	paper. It was pretty recent.	16	(DEPOSITION EXHIBIT NUMBER 5
17	Q Is Dr. Saenz's published manuscript on	17	WAS MARKED FOR IDENTIFICATION.)
18	your supplemental materials list?	18	MS. THOMPSON:
19	MS. CURRY:	19	Q And I'll mark that 2014 public citizen
20	It's attached to the objections, which	20	response letter from the FDA as Exhibit Number 5.
21	is Exhibit 3.	21	Does that look like the letter that you
22	MS. THOMPSON:	22	reviewed, Dr. Birrer?
23	Yeah. I I couldn't find my notice	23	A (Nods affirmatively.) I've seen that,
24	with objections.	24	yeah.

13 (Pages 46 to 49)

	Page 50		Page 52
1	Q And did you review the IARC Monograph	1	Q Okay. That's my question.
2	on Nonasbestiform Talc from 2010?	2	A Yes.
3	A I did.	3	Q But it was published in December, and
4	Q And that will be Exhibit Number 6.	4	you didn't look at it until you saw it in
5	(DEPOSITION EXHIBIT NUMBER 6	5	Dr. Saenz's deposition as an exhibit; right?
6	WAS MARKED IDENTIFICATION.)	6	A Correct.
7	MS. THOMPSON:	7	Q Did you deem it important?
8	Q Does that look like the document that	8	MS. CURRY:
9	you reviewed?	9	Object to the form.
10	A Yes. Yeah. I've seen that. Yep.	10	A Well, since it was quoted and my
11	MS. THOMPSON:	11	impression was that there were people who thought
12	Dawn, if you want more copies, I'm	12	this was important, that necessitated me to take
13	happy to give	13	a look at it.
14	MS. CURRY:	14	MS. THOMPSON:
15	I'm okay. I don't know if other	15	Q Did you think it was important?
16	counsel need a copy to review.	16	MS. CURRY:
17	MR. MIZGALA:	17	Object to the form.
18	No.	18	A Well, after I read it, again, my sense
19	MS. THOMPSON:	19	was it doesn't really sway me one more one way
20	I think for most everything I have	20	or the other because they're they're
21	another copy, so if there's anything you'd like	21	essentially re-reviewing all the data that we
22	to see and not have to take home with you, I'm	22	know and coming to a different conclusion. I
23	happy to provide it.	23	just think they got it wrong, unfortunately.
24	MS. THOMPSON:	24	MS. THOMPSON:
	Mc. Hombert		
	Page 51		Page 53
1	Q Did you know that the Health Canada	1	Q But you will agree that it did provide
2	assessment was made pub made available to the	2	an extensive review on the subject?
3	public?	3	MS. CURRY:
4	A Yes.	4	Object to the form.
5	MS. CURRY:	5	A It was, I thought, would be described
6	Object to the form.	6	as extensive.
7	MS. THOMPSON:	7	MS. THOMPSON:
8	Q Do you believe that the Health Canada	8	Q Did you review the statement of the
9	risk assessment is relevant to the topic today?	9	methodology that accompanied the risk assessment?
10	MS. CURRY:	10	A I went I looked through it.
11	Object to the form.	11	Q I'll mark that as Exhibit 7.
12	A It doesn't change my opinion about	12	(DEPOSITION EXHIBIT NUMBER 7
13	biologic plausibility. It's a obviously, an	13	WAS MARKED IDENTIFICATION.)
14	opinion that's based upon a lot of data that I	14	MS. THOMPSON:
15	believe is reviewed by Taher, which is	15	Q Is that what you saw?
16	information data that I already was aware of, so	16	A I didn't see it printed like this with
17	it doesn't really sway me one way or the other.	17	the color on it. Yeah.
18	MS. THOMPSON:	18	Q And let's just look at page 2 of the
19	Q But my question was, did you deem it	19	document titled "Weight of Evidence, General
20	relevant?	20	Principles and Current Applications in Health
21	MS. CURRY:	21	Canada."
22	Object to the form.	22	Does number 3, Role in Risk
	A Relevant to review.	23	Assessments, generally outline the methodology
23			
23 24	MS. THOMPSON:	24	that Health Canada applied to this risk

14 (Pages 50 to 53)

	Page 54		Page 56
1	assessment?	1	MS. THOMPSON:
2	MS. CURRY:	2	Q So you're agreeing it's irrelevant what
3	Object to the form.	3	form the particles are in when
4	A Yeah. I think it's a summary of	4	A I'm saying we don't have any data.
5	what of how they approached it. That's my	5	MS. CURRY:
6	sense. Yep.	6	Object to the form.
7	MS. THOMPSON:	7	You have to let her get her
8	Q And for the risk assessment, Health	8	THE WITNESS:
9	Canada assumed talc or talcum products to be	9	Okay.
10	nonasbestiform.	10	MS. CURRY:
11	Is that your understanding?	11	
12	A Yeah. I believe that's what they	12	entire question out before you
13	focused on.	13	answer so that the court reporter can get
14			everything down.
15	~	14	MS. THOMPSON:
16	A I'm not going to go down the line of	15	Q No data isn't the same as irrelevant,
	being an expert in asbestos.	16	and that's my question.
17	Q So do you not know what it means when	17	MS. CURRY:
18	the talc is considered nonasbestiform?	18	Object to the form.
19	MS. CURRY:	19	A You know, again, I don't think I can
20	Object to the form.	20	answer that "yes" or "no."
21	A I'm assuming they're addressing sort of	21	MS. THOMPSON:
22	mineral characterization of these substances.	22	Q Is it important whether the substance
23	But again, I that's not my area of expertise.	23	in Johnson's baby powder and Shower to Shower is
24	I'm not a geologist and it it in many ways is	24	in a particulate form or in a fiber form?
	Page 55		Page 57
1	sort of irrelevant to looking at many of the	1	MS. CURRY:
2	studies which are just looking at talcum powder.	2	Object to the form.
3	MS. THOMPSON:	3	A I don't know.
4	Q Does it not matter to you whether that	4	MS. THOMPSON:
5	talc is in a particle or fiber fiber form?	5	Q You don't know if it's important?
6	MS. CURRY:	6	A I don't know if it's important.
7	Object to the form.	7	Q Okay. And is part of the reason is
8	A Well, I looked at, again, extensively	8	because you're not an expert in asbestos?
9	all the data that was addressing whether talcum	9	MS. CURRY:
10	powder is a risk factor or plays a role in	10	Object to the form.
11	developing ovarian cancer. It is irrelevant in	11	A Again, I wasn't asked to evaluate the
12	that setting whether there are components in	12	role of asbestos in ovarian cancer. I have an
13	there that go from asbestiform to heavy metals to	13	opinion on that based upon some of the
14	fragrance. That data would be clear from those	14	epidemiologic studies.
15	experiments, and they're not.	15	But in terms of the compositional
16	MS. THOMPSON:	16	analysis of talcum powder, that is not within the
17	Q So is the answer that is it	17	area of my expertise, and the various forms of
18	irrelevant whether the particles are in a	18	asbestos in talc in terms of mineralogy is not
19	particulate form or in a fiber form?	19	something that I've spent time on.
20	MS. CURRY:	20	But, as I pointed out before, the
21	Object to the form.	21	experiments that have been conducted address that
22	A Again, I that that experiment has	22	issue, which is they're using talcum powder. If
23	not been done in the the in the in the	23	it's got a variety of substances in it, any one
24	data that I looked at.	24	of which match and play a role in ovarian cancer,
د نه	ann mui i moneu ui.	" "	or which maken and play a role in ovarian cancel,

15 (Pages 54 to 57)

	Page 58		Page 60
1	it would have been obvious from the data and it's	1	has it been proven unsafe, so
2	not.	2	MR. MIZGALA:
3	MS. THOMPSON:	3	Object to the form.
4	Q Is it your opinion that baby powder and	4	MS. THOMPSON:
5	Shower to Shower and you understand those are	5	Q I'll ask the question again.
6	the two products that we're here to talk about	6	Have these products been proven safe in
7	today; right?	7	your mind?
8	A Yes. J & J products?	8	MS. CURRY:
9	Q Yes.	9	Object to the form.
10	Is it your opinion that those products	10	A Again, it is it is an issue about
11	have been proven safe?	11	trying to prove a negative. The data is there
12	MS. CURRY:	12	are decades of use of this, this material,
13	Object to the form.	13	perineal dusting, with no evidence, no convincing
14	A So there's no data that I know of that	14	evidence that it's unsafe. I conclude that it's
15	says they're not safe.	15	a safe product.
16	MS. THOMPSON:	16	MS. THOMPSON:
17	Q That's different. Have they been	17	Q Do you believe that the molecular data
18	proven safe?	18	proves the product safe?
19	MS. CURRY:	19	MS. CURRY:
20	Object to the form.	20	Object to the form.
21	A Yes.	21	A Can you define "molecular data"?
22	MS. THOMPSON:	22	MS. THOMPSON:
23	Q And what data do you have as the basis	23	Q The the studies that have been
24	for that, that they have been proven safe?	24	performed on talcum powder, do you believe they
1	A Again, years and years of usage with	1	prove that the products are safe?
2	these experiments and biologic systems,	2	MS. CURRY:
3	epidemiologic data is basically not exposing or	3	Object to the form.
4	uncovering any definitive data that that they're	4	A Just repeat that once more, please.
5	unsafe.	5	MS. THOMPSON:
6	Q So you believe the epidemiological data	6	Q The molecular studies that have been
7	proves the product safe?	7	done on talcum powder, is it your opinion that
8	A I don't think it it proves that it's	8	they prove that the products are safe?
9	a risk factor.	9	MS. CURRY:
10	Q Is that	10	Object to the form.
11	A You're asking you're asking me to	11	A So I refine that a bit because I don't
12	prove a negative. I can't do that.	12	really consider them molecular studies. They're
13	Q So you're not you're unable to prove	13	biologic studies, and there's a difference.
14	that it's safe because you can't prove a	14	The biologic studies which I reviewed,
14		15	which I think is the sum total that's out there,
15	negative?		
	negative? MS. CURRY:	16	
15	_	1	are completely unconvincing, unconvincing that
15 16	MS. CURRY:	16	
15 16 17	MS. CURRY: Object to the form.	16 17	are completely unconvincing, unconvincing that talcum powder is a plays a role in the
15 16 17 18	MS. CURRY: Object to the form. MS. THOMPSON:	16 17 18	are completely unconvincing, unconvincing that talcum powder is a plays a role in the development of ovarian cancer.
15 16 17 18 19	MS. CURRY: Object to the form. MS. THOMPSON: Q Is that what you're saying?	16 17 18 19	are completely unconvincing, unconvincing that talcum powder is a plays a role in the development of ovarian cancer. MS. THOMPSON:
15 16 17 18 19 20	MS. CURRY: Object to the form. MS. THOMPSON: Q Is that what you're saying? A I get yeah. I think I think the	16 17 18 19 20	are completely unconvincing, unconvincing that talcum powder is a plays a role in the development of ovarian cancer. MS. THOMPSON: Q But my question was is it your belief
15 16 17 18 19 20 21	MS. CURRY: Object to the form. MS. THOMPSON: Q Is that what you're saying? A I get yeah. I think I think the issue in front of us is: Is it unsafe? And the	16 17 18 19 20 21	are completely unconvincing, unconvincing that talcum powder is a plays a role in the development of ovarian cancer. MS. THOMPSON: Q But my question was is it your belief that the biologic studies confirm that the
15 16 17 18 19 20 21 22	MS. CURRY: Object to the form. MS. THOMPSON: Q Is that what you're saying? A I get yeah. I think I think the issue in front of us is: Is it unsafe? And the answer to that is there's no data for it.	16 17 18 19 20 21 22	are completely unconvincing, unconvincing that talcum powder is a plays a role in the development of ovarian cancer. MS. THOMPSON: Q But my question was is it your belief that the biologic studies confirm that the product is safe?

16 (Pages 58 to 61)

	Page 62		Page 64
1	A Again, we're back sort of to that	1	reviewing the assessment?
2	negative. I I think if I don't think they	2	A I believe so, but let me just
3	convince me at all that it's it's a risk or	3	MS. CURRY:
4	that it has any biologic activity on the target	4	Do you have the marked Exhibit 4 there?
5	organ, which is the ovary. And then in the	5	I don't think the witness actually has
6	context of decades of use, then I would conclude	6	the
7	that it's a safe product.	7	Oh, I think it's in front of you here.
8	MS. THOMPSON:	8	I'm just gonna grab these marked
9	Q And it's fine to say you can't	9	exhibits for him. Thank you.
10	answer you can't answer the question. But I	10	MS. THOMPSON:
11	need but I want to have an answer.	11	I think his is the marked exhibit,
12	And that is: Is it your opinion that	12	unless I
13	the biologic studies show that the products are	13	MS. CURRY:
14	safe?	14	Right. It was just in front of you.
15	MS. CURRY:	15	MS. THOMPSON:
16	Object to the form.	16	Oh, I yeah.
17	A Yeah. I I think I think	17	MS. CURRY:
18	certainly that I think we can say that the	18	He didn't have it. That's all.
19	biologic studies do not reveal any untoward	19	MS. THOMPSON:
20	effects. It's not reliable. The experiments are	20	Sorry.
21	not reliable. And so in that context, it's a	21	A Yeah, this okay.
22	safe product.	22	Yeah. So they they essentially went
23	I mean, again, you're asking me for a	23	through it in that kind of algorithm.
24	biologic experiment that proves something is	24	MS. THOMPSON:
	Page 63		Page 65
1	safe. I don't even know how to conduct an	1	Q I did not see any discussion in your
2	experiment like that.	2	report of a methodology similar to this. Is that
3	MS. THOMPSON:	3	right?
4	Q Okay. And again, you know, I can't	4	A Correct.
5	answer that your question	5	Q Did you perform a weight of the
6	A It's okay?	6	evidence of the data in this case?
7	Q is a fine answer. Yeah.	7	A So I approached the expert report based
8	MS. CURRY:	8	upon my experience, both scientifically and
9	Object to the form.	9	clinical. We do this we do this a lot,
10	MS. THOMPSON:	10	actually, where we'll do a complete review of the
11	Q Back to the weight of the evidence	11	literature and then extract the information,
12	document, it's your understanding that this is	12	dissect it in terms of paper by paper.
13	the evaluation that Health Canada applied to	13	As a scientist, we don't really weigh
14	A That's this one?	14	studies in a quantitative way. We don't it's
15	Q Yeah.	15	really not like a meta-analysis where we're
16	to answering the the question of	16	saying, okay, this is this is this weight
17	whether talcum powder was a risk for the public	17	versus that weight.
18	in Canada; correct?	18	But but the gestalt is, if you will,
19	MS. CURRY:	19	at the end of the day, we look at these studies
20	Object to the form.	20	and say do we believe do we think that the
21	A Correct.	21	data and results are believable; do they do
22	MS. THOMPSON:	22	they support the conclusions. And we do that
23	Q And they also applied a Bradford Hill	23	individually through all the studies.
24	analysis? Is that your understanding from	24	And my expert report, I think, outlines
		I .	

	Page 66		Page 68
1	that very clearly.	1	Q Is it a credible scientific
2	So I guess the answer to your question	2	organization?
3	is at the end of the day, the conclusion is that	3	MS. CURRY:
4	we don't think I don't think the data supports	4	Object to the form.
5	a biologic plausibility for talc versus talc	5	A I I think, to be fair, they they
6	and the as a role in the development of	6	recognize this as a group that is careful and is
7	ovarian cancer. That's the sum total of all that	7	invested in this. I would say, though, that
8	analysis.	8	they're not, as an organization, completely free
9	Q Did you perform a Bradford Hill	9	of because of the way they're structured with
10	analysis, per se?	10	WHO, completely free of outside influence or
11	A Not in the expert report. It's really	11	politics. That's my sense.
12	focused on biologic plausibility. I'm aware of	12	MS. THOMPSON:
13	Bradford Hill. Prior depositions, we talked	13	Q And by outside influence and politics,
14	about the elements, and I feel like I I	14	where would that be coming from?
15	certainly understand those criteria.	15	A From World Health Organization, which
16	Q But at least in this report, you didn't	16	is their sort of supervising body.
17	apply the criteria to this subject?	17	Q And is it your belief that the World
18	MS. CURRY:	18	Health Organization is politically biased or
19	Object to the form.	19	subject to influence from outside?
20	A It's really focused on biologic	20	A Well, I think it's an organization
21	plausibility, which, as you know, is one	21	that, by its nature, is, you know, a compendium
22	component of it.	22	of countries and societies. And, so, it's
23	MS. THOMPSON:	23	
24	Q Correct.	24	let's just say it's not necessarily as sort of
24	Q Concei.	24	independent as the Academy, National Academy.
	Page 67		Page 69
1	And you reviewed that IARC 2010	1	Q And by that you mean the National
2	document that we've marked as an exhibit; right.	2	Academy of Science and Medicine Engineering, now
3	A This is when it was labeled as 2B;	3	titled?
4	right?	4	A Yes.
5	Q Yes.	5	Q Okay. And I believe we talked about
6	And and this well, this monograph	6	before this
7	was published in 2010; right?	7	A Uh-huh.
8	A Correct.	8	 Q this monograph applies to talc not
9	Q Is it your understanding that it	9	containing asbestiform fibers, but that is not
10	considered literature up to 2006? Correct?	10	your area of expertise; correct?
11	A Sounds about right, yes.	11	MS. CURRY:
12	Q What is IARC?	12	Object to the form.
13	A Well, it's an international agency for	13	A Correct.
14	research on cancer. Part of what they their	14	MS. THOMPSON:
15	responsibility is is to look at environmental	15	Q And you are aware that there's a
16	risks for and and to sort of attempt to	16	different IARC monograph published in 2012 that
17	quantify them, identify them and quantify them	17	would cover talc containing asbestos or talc
18	for the development of cancer.	18	containing asbestiform fibers; correct?
19	Q Is it generally thought to be a	19	A I don't think I've seen that.
20	reputable scientific organization?	20	Q That would be 2012, the 100C. I
21	MS. CURRY:	21	believe it's on your
22	Object to the form.	22	A Is it?
23	A How do you define "reputable"?	23	Q reliance list.
24	MS. THOMPSON	24	A Do you have a copy?

18 (Pages 66 to 69)

6 Q 7 m 8 A 9 II 10 Y 11 Q 12 as 13 M 14 15 A 16 M 17 Q 18 m 19 A 20 Q 21 I0 22 cc 23 A 24 Q	A 77. Q Arsenic, Metals, Fibers and Dust? A Oh, I think I I'm sorry. That's coming back to me. It was a small yeah. Q And did you did you review that IARC monograph? A Yeah. There was a what what looked at was a subset of the entire document. Yeah. Q Did you look at the section with isbestos? MS. CURRY: Object to the form. A I believe so, yeah. MS. THOMPSON: Q Did you look at the section with heavy metals? A No. Q Are you aware that that document, 2012, 00C, includes all forms of asbestos and talc containing asbestiform fibers? A That sounds correct.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Object to the form. A It's detailed. MS. THOMPSON: Q Going to the FDA response letter, at least by volume, would you agree that this FDA letter is a less extensive review? MS. CURRY: Object to the form. A Less pages. MS. THOMPSON: Q That's kind of what I was getting at. How about references? A Yeah. Q So, essentially, the FDA response letter in 2014 does not include a description of the methodology or an extensive reference list. Is a that fair MS. CURRY: Object to the form. MS. THOMPSON: Q statement?
2 A 3 Q 4 A 5 cc 6 Q 7 m 8 A 9 III 10 Y 11 Q 12 as 13 M 14 15 A 16 M 17 Q 18 m 19 A 20 Q 21 IC 22 cc 23 A 24 Q	A 77. Q Arsenic, Metals, Fibers and Dust? A Oh, I think I I'm sorry. That's coming back to me. It was a small yeah. Q And did you did you review that IARC monograph? A Yeah. There was a what what looked at was a subset of the entire document. Yeah. Q Did you look at the section with isbestos? MS. CURRY: Object to the form. A I believe so, yeah. MS. THOMPSON: Q Did you look at the section with heavy metals? A No. Q Are you aware that that document, 2012, 00C, includes all forms of asbestos and talc containing asbestiform fibers? A That sounds correct.	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MS. THOMPSON: Q Going to the FDA response letter, at least by volume, would you agree that this FDA letter is a less extensive review? MS. CURRY: Object to the form. A Less pages. MS. THOMPSON: Q That's kind of what I was getting at. How about references? A Yeah. Q So, essentially, the FDA response letter in 2014 does not include a description of the methodology or an extensive reference list. Is a that fair MS. CURRY: Object to the form. MS. THOMPSON: Q statement?
4 A 5 cc 6 Q 7 m 8 A 9 II 10 Y 11 Q 12 as 13 M 14 15 A 16 M 17 Q 18 m 19 A 20 Q 21 10 22 cc 23 A 24 Q	Oh, I think I I'm sorry. That's coming back to me. It was a small yeah. And did you did you review that IARC monograph? A Yeah. There was a what what looked at was a subset of the entire document. Yeah. Did you look at the section with isbestos? MS. CURRY: Object to the form. A I believe so, yeah. MS. THOMPSON: Did you look at the section with heavy metals? A No. Are you aware that that document, 2012, 00C, includes all forms of asbestos and tale containing asbestiform fibers? That sounds correct.	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q Going to the FDA response letter, at least by volume, would you agree that this FDA letter is a less extensive review? MS. CURRY: Object to the form. A Less pages. MS. THOMPSON: Q That's kind of what I was getting at. How about references? A Yeah. Q So, essentially, the FDA response letter in 2014 does not include a description of the methodology or an extensive reference list. Is a that fair MS. CURRY: Object to the form. MS. THOMPSON: Q statement?
5 CC	And did you did you review that IARC monograph? A Yeah. There was a what what looked at was a subset of the entire document. Yeah. Did you look at the section with asbestos? MS. CURRY: Object to the form. A I believe so, yeah. MS. THOMPSON: Did you look at the section with heavy metals? A No. A Are you aware that that document, 2012, 00C, includes all forms of asbestos and tale containing asbestiform fibers? That sounds correct.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	least by volume, would you agree that this FDA letter is a less extensive review? MS. CURRY: Object to the form. A Less pages. MS. THOMPSON: Q That's kind of what I was getting at. How about references? A Yeah. Q So, essentially, the FDA response letter in 2014 does not include a description of the methodology or an extensive reference list. Is a that fair MS. CURRY: Object to the form. MS. THOMPSON: Q statement?
6 Q 7 m 8 A 9 II 10 Y 11 Q 12 as 13 M 14 15 A 16 M 17 Q 18 m 19 A 20 Q 21 10 22 cc 23 A 24 Q	And did you did you review that IARC monograph? A Yeah. There was a what what looked at was a subset of the entire document. Yeah. Q Did you look at the section with asbestos? MS. CURRY: Object to the form. A I believe so, yeah. MS. THOMPSON: Q Did you look at the section with heavy metals? A No. Q Are you aware that that document, 2012, 00C, includes all forms of asbestos and talc containing asbestiform fibers? A That sounds correct.	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	least by volume, would you agree that this FDA letter is a less extensive review? MS. CURRY: Object to the form. A Less pages. MS. THOMPSON: Q That's kind of what I was getting at. How about references? A Yeah. Q So, essentially, the FDA response letter in 2014 does not include a description of the methodology or an extensive reference list. Is a that fair MS. CURRY: Object to the form. MS. THOMPSON: Q statement?
7 mm 8 A 9 III 10 Y 11 Q 12 as 13 M 14 15 A 16 M 17 Q 18 mm 19 A 20 Q 21 10 22 cc 23 A 24 Q	nonograph? A Yeah. There was a what what looked at was a subset of the entire document. Yeah. Q Did you look at the section with sebestos? MS. CURRY: Object to the form. A I believe so, yeah. MS. THOMPSON: Q Did you look at the section with heavy metals? A No. Q Are you aware that that document, 2012, 00C, includes all forms of asbestos and talc containing asbestiform fibers? A That sounds correct.	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	letter is a less extensive review? MS. CURRY: Object to the form. A Less pages. MS. THOMPSON: Q That's kind of what I was getting at. How about references? A Yeah. Q So, essentially, the FDA response letter in 2014 does not include a description of the methodology or an extensive reference list. Is a that fair MS. CURRY: Object to the form. MS. THOMPSON: Q statement?
8 A 9 III 10 Y 11 Q 12 as 13 M 14 15 A 16 M 17 Q 18 m 19 A 20 Q 21 I(22 cc 23 A 24 Q	nonograph? A Yeah. There was a what what looked at was a subset of the entire document. Yeah. Q Did you look at the section with sebestos? MS. CURRY: Object to the form. A I believe so, yeah. MS. THOMPSON: Q Did you look at the section with heavy metals? A No. Q Are you aware that that document, 2012, 00C, includes all forms of asbestos and talc containing asbestiform fibers? A That sounds correct.	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Object to the form. A Less pages. MS. THOMPSON: Q That's kind of what I was getting at. How about references? A Yeah. Q So, essentially, the FDA response letter in 2014 does not include a description of the methodology or an extensive reference list. Is a that fair MS. CURRY: Object to the form. MS. THOMPSON: Q statement?
9 III 10 Y 11 Q 12 as 13 M 14 15 A 16 M 17 Q 18 m 19 A 20 Q 21 I(22 cc 23 A 24 Q	looked at was a subset of the entire document. Yeah. Q Did you look at the section with sebestos? MS. CURRY: Object to the form. A I believe so, yeah. MS. THOMPSON: Q Did you look at the section with heavy netals? A No. Q Are you aware that that document, 2012, 00C, includes all forms of asbestos and talc containing asbestiform fibers? A That sounds correct.	9 10 11 12 13 14 15 16 17 18 19 20 21 22	A Less pages. MS. THOMPSON: Q That's kind of what I was getting at. How about references? A Yeah. Q So, essentially, the FDA response letter in 2014 does not include a description of the methodology or an extensive reference list. Is a that fair MS. CURRY: Object to the form. MS. THOMPSON: Q statement?
10 Y 11 Q 12 as 13 M 14 15 A 16 M 17 Q 18 m 19 A 20 Q 21 10 22 cc 23 A 24 Q	Yeah. Q Did you look at the section with isbestos? MS. CURRY: Object to the form. A I believe so, yeah. MS. THOMPSON: Q Did you look at the section with heavy metals? A No. Q Are you aware that that document, 2012, 00C, includes all forms of asbestos and tale containing asbestiform fibers? A That sounds correct.	10 11 12 13 14 15 16 17 18 19 20 21 22	A Less pages. MS. THOMPSON: Q That's kind of what I was getting at. How about references? A Yeah. Q So, essentially, the FDA response letter in 2014 does not include a description of the methodology or an extensive reference list. Is a that fair MS. CURRY: Object to the form. MS. THOMPSON: Q statement?
11 Q 12 as 13 M 14 15 A 16 M 17 Q 18 m 19 A 20 Q 21 10 22 cc 23 A 24 Q	Did you look at the section with asbestos? MS. CURRY: Object to the form. A I believe so, yeah. MS. THOMPSON: Did you look at the section with heavy metals? A No. A No. A No. C Are you aware that that document, 2012, 00C, includes all forms of asbestos and talc containing asbestiform fibers? A That sounds correct.	11 12 13 14 15 16 17 18 19 20 21 22	Q That's kind of what I was getting at. How about references? A Yeah. Q So, essentially, the FDA response letter in 2014 does not include a description of the methodology or an extensive reference list. Is a that fair MS. CURRY: Object to the form. MS. THOMPSON: Q statement?
12 as 13 M 14 15 A 16 M 17 Q 18 m 19 A 20 Q 21 10 22 cc 23 A 24 Q	MS. CURRY: Object to the form. A I believe so, yeah. MS. THOMPSON: Q Did you look at the section with heavy metals? A No. Q Are you aware that that document, 2012, 00C, includes all forms of asbestos and talc containing asbestiform fibers? A That sounds correct.	12 13 14 15 16 17 18 19 20 21 22	How about references? A Yeah. Q So, essentially, the FDA response letter in 2014 does not include a description of the methodology or an extensive reference list. Is a that fair MS. CURRY: Object to the form. MS. THOMPSON: Q statement?
13 M 14 15 A 16 M 17 Q 18 m 19 A 20 Q 21 10 22 cc 23 A 24 Q	MS. CURRY: Object to the form. A I believe so, yeah. MS. THOMPSON: Q Did you look at the section with heavy metals? A No. Q Are you aware that that document, 2012, 00C, includes all forms of asbestos and talc containing asbestiform fibers? A That sounds correct.	13 14 15 16 17 18 19 20 21 22	A Yeah. Q So, essentially, the FDA response letter in 2014 does not include a description of the methodology or an extensive reference list. Is a that fair MS. CURRY: Object to the form. MS. THOMPSON: Q statement?
14 15 A 16 M 17 Q 18 m 19 A 20 Q 21 10 22 cc 23 A 24 Q	Object to the form. A I believe so, yeah. MS. THOMPSON: Q Did you look at the section with heavy metals? A No. Q Are you aware that that document, 2012, 00C, includes all forms of asbestos and talc containing asbestiform fibers? A That sounds correct.	14 15 16 17 18 19 20 21	Q So, essentially, the FDA response letter in 2014 does not include a description of the methodology or an extensive reference list. Is a that fair MS. CURRY: Object to the form. MS. THOMPSON: Q statement?
15 A 16 M 17 Q 18 m 19 A 20 Q 21 10 22 cc 23 A 24 Q	A I believe so, yeah. MS. THOMPSON: Q Did you look at the section with heavy netals? A No. Q Are you aware that that document, 2012, 00C, includes all forms of asbestos and talc containing asbestiform fibers? A That sounds correct.	15 16 17 18 19 20 21 22	letter in 2014 does not include a description of the methodology or an extensive reference list. Is a that fair MS. CURRY: Object to the form. MS. THOMPSON: Q statement?
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17 Q 18 m 19 A 20 Q 21 10 22 cc 23 A 24 Q	MS. THOMPSON: Q Did you look at the section with heavy metals? A No. Q Are you aware that that document, 2012, 00C, includes all forms of asbestos and talc containing asbestiform fibers? A That sounds correct.	17 18 19 20 21 22	the methodology or an extensive reference list. Is a that fair MS. CURRY: Object to the form. MS. THOMPSON: Q statement?
18 m 19 A 20 Q 21 10 22 cc 23 A 24 Q	netals? A No. Q Are you aware that that document, 2012, 00C, includes all forms of asbestos and talc containing asbestiform fibers? A That sounds correct.	18 19 20 21 22	Is a that fair MS. CURRY: Object to the form. MS. THOMPSON: Q statement?
18 m 19 A 20 Q 21 10 22 cc 23 A 24 Q	netals? A No. Q Are you aware that that document, 2012, 00C, includes all forms of asbestos and talc containing asbestiform fibers? A That sounds correct.	19 20 21 22	Object to the form. MS. THOMPSON: Q statement?
20 Q 21 10 22 cc 23 A 24 Q	Are you aware that that document, 2012, 00C, includes all forms of asbestos and talc containing asbestiform fibers? That sounds correct.	20 21 22	MS. THOMPSON: Q statement?
21 10 22 cc 23 A 24 Q	00C, includes all forms of asbestos and talc containing asbestiform fibers? A That sounds correct.	21 22	MS. THOMPSON: Q statement?
21 10 22 cc 23 A 24 Q	00C, includes all forms of asbestos and talc containing asbestiform fibers? A That sounds correct.	22	
22 cc 23 A 24 Q	containing asbestiform fibers? A That sounds correct.		-
23 A 24 Q	A That sounds correct.		A Well, I again, I think a little bit
24 Q		23	you're comparing apples and oranges in the sense
1 M	But you're not sure about that today?	24	that the purpose for these documents is somewhat
	Page 71		Page 73
2	MS. CURRY:	1	different in that this is a letter from the FDA
	Object to the form.	2	in response to a I think it was a citizen's
3 A	, ,	3	petition. They're not gonna give they're not
	expert. But that that IARC volume is focused	4	gonna send this back to a citizen's petition
	on fibers, so that makes sense.	5	because I think the citizen's petition would be
	MS. THOMPSON:	6	insulted because they're not going to be able to
7 Q		7	read it. It's more of a letter than the what
	he IARC monographs? It's included in	8	their opinion is.
9 A		9	Oh. Sorry.
10 Q		10	Q And you're referring to that IARC
11 A	C	11	A Yeah.
12 Q		12	Q 2010 monograph. Yeah.
13 A		13	A Yeah.
14 Q		14	Q Fair enough.
	nethodology that IARC applies when it's looking	15	However, you would consider the FDA a
	o determine whether a substance is carcinogenic	16	credible source?
	or not?	17	A Yes.
18 A		18	Q Let's look at your CV. And you have
19 pa	participants, the general principles, the	19	been a prolific researcher. Would you agree?
20 m	nethodology.	20	A I survive.
21 Q	And you would agree, similar to Health	21	Q I I think there are approximately
22 C		22	400 published papers. Is that close?
	Canada, that that methodology is extensive as	23	A Correct.
24 M	vell?	24	Q You have a lot of coauthors on these

19 (Pages 70 to 73)

	Page 74		Page 76
1	papers. Am I right?	1	A No. I think OCAC is a lot like that.
2	A Correct.	2	MS. THOMPSON:
3	Q On some, you're the lead author;	3	Q They're providing tissue samples or are
4	correct?	4	they providing expertise?
5	A Correct.	5	A Well, OCAC is the consortium, so
6	Q What does the role of lead author	6	it's it's composed of all of those
7	usually entail?	7	institutions. And those institutions are
8	MS. CURRY:	8	providing specimens. And then the authors from
9	Object to the form.	9	those institutions end up on the paper.
10	A So let me let me step back and	10	Q How are the authors of the consortium's
11	define that. I would say anchor positions.	11	publications selected?
12	MS. THOMPSON:	12	MS. CURRY:
13	Q Okay.	13	Object to the form.
14	A So first author is usually the person	14	A Specific in GWAS or in general?
15	who has done most of the work. And, it	15	MS. THOMPSON:
16	actually my first authorship positions have	16	Q In OCAC.
17	sort of faded with time because I take the other	17	A OCAC. Well, I'm not sure I can quote
18	anchor position, which is the senior author,	18	you OCAC rules, but the general guidelines would
19	where you're providing guidance, mentorship, and	19	be that from every institution that participated,
20	then you you ultimately are responsible for	20	there'd be a primary author. If if there was
21	the quality of the paper.	21	somebody else at the institution who specifically
22	Q And and that	22	did something important for that paper, they
23	A Yeah.	23	might take two authors. But usually there's a
24	Q that person is is often listed	24	limit because you just OCAC, I believe, has
			Page 77
1		1	
1	last. Is that right?	1	I'm guessing 50 to maybe even 100
2	A That's right.	2	institutions. So if you were to allow unlimited
3	Q Okay. And can I assume that the	3	authors, it would be unmanageable.
4	authors in the middle have varying roles but all	4	Q Would the authors typically be
5	participate in the preparation of the manuscript in some sense?	5	considered to have expertise in the particular
6		6	area that they're publishing in?
7	A Right. I mean, it becomes you	7	A Yes.
8 9	probably can guess somewhat problematic when	8	Q Would they typically have previous
10	you look at GY studies when there are almost more	10	scholarly work or publications?
11	authors than specimens. So the idea there is that the individuals in in between are still	10	MS. CURRY:
12		11	Object to the form.
13	contributing to the paper. They're they may be providing specimens.	12	A Usually. MS. THOMPSON:
14	Q And I believe in GWAS, the the	13 14	
15	recruitment for GWAS are researchers that can	15	Q Would they typically have a a good reputation in the scientific or medical
16	provide tissue specimens for the group that's	16	community?
17	analyzing them. Is that a fair	17	MS. CURRY:
1 1 /	A It's a big point. It's it's a big	18	Object to the form.
		19	A I hope so.
18	nart of it Veah	エフ	A I Hope so.
18 19	part of it. Yeah.	20	MC THOMDSON.
18 19 20	Q And you'd agree that that's different	20	MS. THOMPSON: O Would they traigeally be knowledgeable
18 19 20 21	Q And you'd agree that that's different from the consortium that we discussed earlier,	21	Q Would they typically be knowledgeable
18 19 20 21 22	Q And you'd agree that that's different from the consortium that we discussed earlier, that OCAC consortium; right?	21 22	Q Would they typically be knowledgeable in that respective field that they're called upon
18 19 20 21	Q And you'd agree that that's different from the consortium that we discussed earlier,	21	Q Would they typically be knowledgeable

20 (Pages 74 to 77)

	Page 78		Page 80
1	Object to the form.	1	of careful thought.
2	A Yeah. I mean, I think it would be	2	MS. THOMPSON:
3	very again, these GWAS studies I'm sorry	3	Q And and I'd assume they'd be
4	the GWAS studies are in some ways really unique	4	qualified in their area of expertise for the same
5	in that there's so many authors. There may be	5	reason, or else you wouldn't choose them. Right?
6	individuals in that list who who while they're	6	A It would be hard for them to contribute
7	ovarian cancer researchers, they could be fairly	7	in a meaningful way if they don't know what
8	junior, and they may have just provided some	8	they're doing.
9	specimens. Yeah.	9	Q Okay. Looking at your CV, are there
10	MS. THOMPSON:	10	any coauthors that you can identify that you
11	Q Yeah. And I'm not as interested in the	11	would not regard as qualified in their respective
12	GWAS because they do have, you know, a whole	12	fields?
13	number.	13	A I'm not gonna be able to answer that.
14	A Yeah.	14	I've got 400 publications and probably several
15	Q But I'm thinking more of the Australian	15	thousand authors.
16	consortium, the OCAC, the the other ones where	16	Q So do you think there would be some
17	it looks, at least by appearance, that you're	17	that you could identify as not being credible?
18	the authors are chosen because they're experts	18	A Not that I know of.
19	in in a particular area. For example,	19	MS. CURRY:
20	epidemiology. Would you agree with that	20	Object to the form.
21	statement?	21	A Again, this is realtime, so if we go
22	MS. CURRY:	22	back to my Ph.D., which was on the measles virus
23	Object to the form.	23	back when I was a young lad, I don't know that
24	A I think that's true I think that's	24	field anymore, and I don't know what those
	Page 79		Page 81
1	true as a as general guideline, yeah.	1	individuals have done.
2	MS. THOMPSON:	2	It's a realtime process. Sometimes
3	Q And would the same be true for a paper	3	individuals who seem to be very, very good
4	that you're publishing? Would you look for	4	scientists later on in life will get involved in
5	coauthors either as an anchor or a senior,	5	scientific misconduct. That may not have been at
6	would you look for coauthors that are credible?	6	all relevant for when you put that person on your
7	A Well, you know, when you do these	7	paper.
8	experiments, you're not really out looking for	8	(DEPOSITION EXHIBIT NUMBER 8
9	authors. You're doing the experiments, and the	9	WAS MARKED IDENTIFICATION.)
10	people who do them, help you design a project,	10	MS. THOMPSON:
11	deserve authorship. Those are the guidelines.	11	Q I'm gonna just give you a list of some
12	And if you're asking would I put	12	coauthors that I pulled off your CV. And would
13	somebody who I thought was not credible on an	13	you look at that list?
14	author list, I'd be very bothered by that. But	14	A Uh-huh.
15	you'd have to define what "credible" means.	15	Q I narrowed it down from a couple
16	Q Yeah. So I guess rather than choosing	16	thousand to a more manageable number. Are there
17	someone as a coauthor, I should have rephrased	17	any names on that list that you could identify as
18	that. Choosing someone to work on a project that	18	not being credible?
1	would later be published, you can assume that	19	MS. CURRY:
19	would later be published, you can assume that		
20	person would be credible; correct?	20	Object to the form.
	*	20 21	Object to the form. MS. THOMPSON:
20	person would be credible; correct?		-
20 21	person would be credible; correct? MS. CURRY:	21	MS. THOMPSON:
20 21 22	person would be credible; correct? MS. CURRY: Object to the form.	21 22	MS. THOMPSON: Q And that list is marked as Exhibit

21 (Pages 78 to 81)

	Page 82		Page 84
1	Q 8.	1	sense is they command the market. But I'm not
2	A So I would say of this list,	2	I'm not in the supermarket a lot.
3	probably I'm estimating about 20 percent of	3	Q And not in the baby powder section?
4	these people, I'm I'm not sure I quite	4	A No.
5	remember what paper they're on. But the rest of	5	Q And what is contained in the
6	them I know because they're high profile. I	6	Johnson's in Johnson's baby powder, to your
7	don't see anybody here that I would say is not a	7	understanding?
8	good scientist.	8	MS. CURRY:
9	Q And qualified in their respective	9	Object to the form.
10	areas?	10	A Talc. And I know that's an issue
11	A Yes.	11	that's come up in terms of are there other
12	MS. CURRY:	12	things. I mean, clearly there are other things
13	Object to the form.	13	that the product smells nice, so there must be
14	MS. THOMPSON:	14	some fragrance.
15	Q And some at least some on the list	15	MS. THOMPSON:
16	you published with multiple times. Is that fair	16	Q Okay.
17	to say?	17	A But I don't know of any first of
18	A Yeah.	18	all, I don't that's not my area of expertise.
19	Q Dr. Birrer, throughout your report you,	19	I've certainly never conducted any experiments
20	at least at times, used the term "talc." What	20	and tried to figure out what's in it and and
21	are you referring to when you say talc?	21	wouldn't consider myself an expert in the whole
22	A So there's two levels of relevance	22	mineralogy issue.
23	here. One is for epidemiologic studies or	23	Q So that would be talc, the mineral. Do
24	studies that were that were conducted. A	24	you have an opinion as to whether there is a such
	Page 83		Page 85
1	subset of the of the studies that were	1	thing as pure tale?
2	conducted in the lab were actually dealing with	2	MS. CURRY:
3	talcum powder.	3	Object to the form.
4	But there are experiments in particular	4	A You know, my you know, my sense is
5	where individuals are using sigma-produced talc.	5	in that some of the experiments where this
6	So it's it's it's a bit of a mixture. But	6	product is actually bought not cosmetically, but
7	I think, in particular in the epi studies, a lot	7	I've seen references to sigma-produced talc, that
8	of them are just okay to use powder.	8	that's a that's a purified form of it.
9	Q So to to the extent both of us can,	9	MS. THOMPSON:
10	we can try to say whether we're referring to	10	Q And, so, by pure purified form, you
11	talcum powder or talc, as you described, so	11	would mean that it does not con contain
12	let's let's both try to do that, to the extent	12	impurities; correct?
13	possible, because it can get confusing.	13	A It would not contain something else.
14	A I completely concur.	14	Q Would you consider it pure if it
15	Q Okay. Okay. I'm glad we agree on	15	contained talc fibers?
16	that.	16	MS. CURRY:
17	Do you know what Johnson & Johnson's	17	Object to the form.
18	market share of the talcum powder product has	18	A I don't I don't think I can answer
19	been over the years?	19	that.
20	A I don't.	20	MS. THOMPSON:
21	Q If I told you it was 60 to 70 percent,	21	Q So no opinion on on that issue.
22	would you have any basis to disagree with that	22	A Yeah.
23	number?	23	Q Are you familiar with the various
24	A I actually wouldn't, because I my	24	grades of talc?
22 23	would you have any basis to disagree with that number?	22 23	A Yeah.Q Are you familiar with the various

22 (Pages 82 to 85)

	Page 86		Page 88
1	A No.	1	Q It was the it was a report that
2	Q Do you have any knowledge regarding the	2	addressed the fragrance chemicals in talcum
3	particle size of Johnson's baby powder or Shower	3	powder. Do you remember seeing that? I don't
4	to Shower?	4	remember whether it's on your list. Oh.
5	A Again, that's a little bit outside my	5	A Is that plaintiff?
6	area of expertise. My understanding is, you	6	Q You don't have Dr. Crowley's report.
7	know, talc ranges from 10 microns to larger	7	A Yeah.
8	sizes. But it's not something I systematically	8	Q Did you know if there was a an
9	explored. Even the expert reports here that	9	expert report that specifically addressed the
10	focused on the mineralogy, I looked at it but not	10	fragrance fragrance chemical presence in baby
11	in any great detail.	11	powder?
12	Q And if you were told that there are	12	A Not that I know of.
13	also smaller particles than 10 microns, that	13	Q So I I can assume that you don't
14	wouldn't surprise you?	14	know why you weren't provided Dr. Crowley's
15	A I think there's a range.	15	report?
16	Q Fair enough.	16	MS. CURRY:
17	A I don't know how you know, again, I	17	Object to the form.
18	know there's references to ultrafine, et cetera,	18	A It's not on my list.
19	et cetera. I don't have definitive knowledge or	19	MS. THOMPSON:
20	data that that is true.	20	Q Did you ask if anyone had looked at the
21	Q Okay. But, as far as you know, the	21	actual chemicals in baby powder?
22	particle size is is mixed?	22	A I didn't specifically go through that,
23	A Uh-huh.	23	no.
24	Q It's not a standard size like you might	24	Q It is it important for you to know
			Page 89
1	see, for example, in a pleurodesis talc?	1	the quality of talcum powder?
2	MS. CURRY:	2	MS. CURRY:
3	Object to the form.	3	Object to the form.
4	A I don't I can't say that.	4	A And how do you define "quality"?
5	MS. THOMPSON:	5	MS. THOMPSON:
6	Q Okay.	6	Q I I define "quality" as the absence
7	A But based on my rudimentary	7	of the amount and types of impurities.
8	understanding of mineralogy here, that there's a	8	MS. CURRY:
9	range.	9	Object to the form.
10	Q Have you ever looked at the label on a	10	A How do you define "impurities"?
11	bottle of baby powder?	11	MS. THOMPSON:
12	A I don't recall that.	12	Q Something that's not pure talc.
13	Q So you don't know what would be listed	13	A Okay. Again, I I'll come back to
14	on the label?	14	this theme. I think I didn't go down that
15	A No.	15	road. It's not my area of expertise. But, more
16	Q But you're assuming it has some kind of	16	importantly, I was asked to sort of review the
17	fragrances in it?	17	total data that suggested there might be a role
18	A I think that's a safe assumption. I	18	for talc in ovarian cancer, regard talcum
19	have smelled it.	19	powder, regardless of what's in it.
20	Q Haven't we all.	20	So in that context, impurities,
21	Did you read Dr. Crowley's report?	21	fragrance, heavy metals, it doesn't matter. We
22	Do you remember Dr. Crowley's report?	22	would see the data. So I felt pretty comfortable
23	A That's not coming to mind. Can do	23	that that's the that's the important theme for
24	you have it?	24	my job.
24	you nave it?	24 	ту Јов.

23 (Pages 86 to 89)

1		Page 90		Page 92
min - mineral content of a talcum powder product if you are intending to assess its product if you are intending to assess its product if you are object to the form. MS. CURRY: MS. CURRY: MS. CURRY: MS. Would you just repeat that, please? MS. THOMPSON: Joint a talcum powder product if you are content of a talcum powder product if you are intending to assess its potential health effects? MS. CURRY: MS. C	1	Q Is it important for you to know the	1	MS. THOMPSON:
3 product if you are intending to assess its 4 potential health effects? 4 Object to the form. 5 MS. CURRY: 5 A There's no data for that. I can't develop a mechanism when, in fact, there's no data for that. I can't develop a mechanism when, in fact, there's no down and the properties of ovarian cancer. 7 MS. THOMPSON: 9 Q Is it important to know the mineral content of a talcum powder product if you are intending to assess its potential health effects? 12 MS. CURRY: 12 ovarian cancer. 13 Object to the form. 14 A You know, again, I think in terms of 15 reviewing the literature, no. I mean, it's 15 talcum and it's talcum powder. It's a 16 talcum and it's talcum powder. It's a 17 representative of whar's on the market. 17 MS. CURRY: 18 So regardless of whar's there or not, 19 even from a mineral standpoint, we can make a 20 judgment as to whether thar's providing data that 21 supports whether it's a risk factor or fologic: 22 plausibility for a role in development of ovarian cancer. 19 A Well, I'm not sure what mechanism we're 19 plausibility for a role in development of ovarian cancer. 23 Q We're looking at what a mechanism could 24 be if it could cause cancer, as a hypothetical. 24 MS. CURRY: 25 MS. CURRY: 26 MS. CURRY: 27 MS. CURRY: 28 MS. CURRY: 28 MS. CURRY: 29 MS. CURRY: 29 MS. CURRY: 20 Whether a biologic mechanism is plausible or not, 21 it doesn't matter what the mineral content of the 24 baby powder is? 27 MS. CURRY: 28 MS. CURRY: 29 MS. CURRY: 29 MS. CURRY: 20 MS. CURRY: 21 MS. CURRY: 22 MS. CURRY: 22 MS. CURRY: 23 MS. CURRY: 24 MS. CURRY: 25 MS. CURRY: 26 MS. CURRY: 27 MS. CURRY: 28 MS. CURRY: 28 MS. CURRY: 29 MS. CURRY: 29 MS. CURRY: 29 MS. CURRY: 20 MS. CURRY: 21 MS. CURRY: 22 MS. CURRY: 22 MS. CURRY: 23 MS. CURRY: 24 MS. CURRY: 25 MS. CURRY: 26 MS. CURRY: 27 MS. CURRY: 28 MS. CURRY: 28 MS. CURRY: 29 MS. CURRY: 29 MS. CURRY: 29	2		2	Q For a potential health effect.
4 Object to the form. 5 MS. CURRY: 6 Object to the form. 7 A Would you just repeat that, please? 8 MS. THOMPSON: 9 Q Is it important to know the mineral 10 content of a talcum powder product if you are 11 intending to assess its potential health effects? 12 MS. CURRY: 13 Object to the form. 14 A You know, again, I think in terms of 15 reviewing the literature, no. I mean, it's 16 talcum and it's talcum powder. 17 Page 91 1 Q So even in your determination of 18 whether a biologic mechanism is plausible or not, 19 it doesn't matter what the mineral content of the 19 bub powder is' 24 MS. THOMPSON: 25 MS. CURRY: 26 Object to the form. 27 A A so long as that baby powder's been 28 tested in that experiment, it doesn't matter. 29 MS. CURRY: 20 Q And that goes for whether the baby 21 powder contains asbestos? 22 plausibility for talcum powder in a role 23 ovarian cancer, 24 MS. THOMPSON: 25 MS. CURRY: 26 Object to the form. 27 A A So long as that baby powder's been 28 tested in that experiment, it doesn't matter. 29 MS. CURRY: 30 Object to the form. 4 A So long as that baby powder's been 4 tested in that experiment, it doesn't matter. 5 MS. CURRY: 6 Object to the form. 6 Object to the form. 7 A A so long as that baby powder's been 8 tested in that experiment, it doesn't matter. 9 MS. THOMPSON: 10 Q And that goes for whether the baby 11 powder contains asbestos? 12 A Well, again, 1-1 think if it 13 contained asbestos, that would show a signal in 14 those experiments. Now, we would see it. We may 16 not know it's related to asbestos, figarace or 17 what equal to asbestos, figarace or 18 what equal to asbestos, figarace or 19 whatever, but the experiments would be 10 Q But the question is, does that would 27 that explain a mechanism if there's asbestos in 28 CURRY: 29 Object to feorm. 20 A There's nobining in that paper that's 21 A MS. CURRY: 22 Object to feorm. 23 A There's nobining in that paper that's 24 Discharge in a related for that. I can't 25 A There's no data for a role in development of orac in 26 of the ta	3	•	3	_
5 MS. CURRY: 6 Object to the form. 7 A Would you just repeat that, please? 8 MS. THOMPSON: 9 Q Is it important to know the mineral 10 content of a talcum powder product if you are intending to assess its potential health effects? 11 MS. CURRY: 12 MS. CURRY: 13 Object to the form. 14 A You know, again, I think in terms of reviewing the literature, no. I mean, it's talcum and it's talcum powder. It's a representative of what's on the market. 16 So regardless of what's there or not, representative of what's on the market. 17 representative of what's on the market. 18 So regardless of what's there or not, representative of what's on the market. 19 So regardless of what's there or not, representative for whether that's providing data that supports whether it's a risk factor or biologic plausibility for a role in development of ovarian cancer, the development of ovarian cancer. 24 MS. THOMPSON: Page 91 Q So even in your determination of whether a biologic mechanism is plausible or not, it doesn't matter what the mineral content of the baby powder is? MS. THOMPSON: Page 91 Q So even in your determination of whether a biologic mechanism is plausible or not, it doesn't matter what the mineral content of the baby powder is? MS. CURRY: MS	4		4	Object to the form.
A Would you just repeat that, please? 8 MS. THOMPSON: 8 8 6 7 7 8 8 8 8 8 8 8 8	5	MS. CURRY:	5	
A Would you just repeat that, please? 8 MS. THOMPSON: 8 8 6 7 7 8 8 8 8 8 8 8 8	6	Object to the form.	6	develop a mechanism when, in fact, there's no
9 Q Is it important to know the mineral 10 content of a talcum powder product if you are 11 intending to assess its potential health effects? 12 MS, CURRY: 13 Object to the form. 14 A You know, again, I think in terms of 15 reviewing the literature, no. I mean, it's 16 talcum and it's talcum powder. It's a 17 representative of what's on the market. 18 So regardless of what's there or not, 19 even from a mineral standpoint, we can make a 10 judgment as to whether that's providing data that 21 supports whether it's a risk factor or biologic 22 plausibility for a role in development of ovarian 23 cancer. 24 MS. THOMPSON: 26 MS. THOMPSON: 27 Page 91 28 Q So even in your determination of 29 whether a biologic mechanism is plausible or not, 30 it doesn't matter what the mineral content of the 4 baby powder is? 4 MS, CURRY: 5 MS, CURRY: 6 Object to the form. 7 A As long as that baby powder's been 8 tested in that experiment, it doesn't matter. 9 MS, THOMPSON: 10 Q And that goes for whether the baby 11 powder contains asbestos? 12 A Well, I'm not sure what mechanism we're 12 looking at. We're looking at a mechanism that an 12 agent doesn't cause cancer? That does makes 12 no sense to me. 12 Object to the form. 13 MS, CURRY: 14 MS, CURRY: 15 Object to the form. 16 MS, CURRY: 17 MS, CURRY: 18 MS, CURRY: 19 Object to the form. 19 MS, CURRY: 20 MS, CURRY: 21 Object to the form. 22 Object to the form. 23 A No. I a mechanism for a 24 hypothetical. I you know, again, that we 25 don't need the hypothetical. We've tested talcum 26 in those experiments. There's no data to support 27 biologic plausibility. So why are why would 28 we be trying to think about a hypothetical 29 what experiments are you referring to? 20 And that goes for whether the baby 20 contained asbestos, that would show a signal in 21 those experiments. Now, we would see it. We may 22 no to know it's related to asbestos, fragrance or 23 the baby powder? 24 MS, CURRY: 25 MS, CURRY: 26 Object to the form. 27 A So Buz Zerd shows no biologic effect.	7		7	_
comtent of a taleum powder product if you are intending to assess its potential health effects? MS. CURRY: MS. CURRY: 12 MS. CURRY: 13 Object to the form. 14 A You know, again, I think in terms of taleum and it's taleum powder. It's a representative of what's on the market. 15 reviewing the literature, no. I mean, it's taleum and it's taleum powder. It's a representative of what's on the market. 16 To representative of what's on the market. 17 representative of what's on the market. 18 So regardless of what's there or not, a green from a mineral standpoint, we can make a judgment as to whether that's providing data that stale under the proposition of the stale of the providing data that stale under the proposition of the stale of the providing data that stale under the proposition of the stale of the providing data that stale under the p	8	* * * *	8	
content of a talcum powder product if you are intending to assess its potential health effects? Mobject to the form. A You know, again, I think in terms of the talcum and it's talcum powder. It's a representative of what's there or not, even from a mineral standpoint, we can make a judgment as to whether that's providing data that all supports whether it's a risk factor or biologic plausibility for a role in development of ovarian cancer. MS. THOMPSON: Page 91 Q So even in your determination of the baby powder is? MS. CURRY: Object to the form. Page 91 Q So even in your determination of the baby powder is? MS. CURRY: Object to the form. A A so long as that baby powder's been tested in that experiment, it doesn't matter. MS. THOMPSON: Page 91 MS. CURRY: Object to the form. A So negardless of what's there or not, even from a mineral standpoint, we can make a judgment as to whether that's providing data that a gent doesn't cause cancer? That does makes a gent doesn't cause cancer? That does makes no sense to me. Q We're looking at what a mechanism could be if it could cause cancer, as a hypothetical. Page 91 MS. CURRY: Object to the form. A As long as that baby powder's been tested in that experiment, it doesn't matter. MS. THOMPSON: Defect to the form. A As long as that baby powder's been tested in that experiment, it doesn't matter. MS. THOMPSON: Defect to the form. A As long as that baby powder's been tested in that experiment, it doesn't matter. MS. THOMPSON: Defect to the form. A Well, I'm not sure what mechanism we're looking at what a mechanism could be if it could cause cancer, as a hypothetical. MS. CURRY: Object to the form. MS. CURRY: Object to the form. A No. I a mechanism for a hypothetical. I you know, again, that we don't need the hypothetical. I you know, again, that we don't need the hypothetical. We've tested talcum in those experiments. There's no data to support biologic plausibility. So why are why would we be trying to think about a	9	Q Is it important to know the mineral	9	MS. THOMPSON:
11 intending to assess its potential health effects? 12 MS. CURRY: 13 Object to the form. 14 A You know, again, I think in terms of reviewing the literature, no. I mean, it's representative of what's on the market. 15 MS. CURRY: 16 Laum and it's talcum powder. It's a 16 Not. CURRY: 17 representative of what's on the market. 20 Judgment as to whether that's providing data that supports whether it's a risk factor or biologic plausibility for a role in development of ovarian cancer. 21 plausibility for a role in development of ovarian cancer and the color of the look in the look	10	_	10	Q Well, it sounds like what you're saying
12 ovarian cancer, then there's no reason to even look at whether there's a plausible mechanism or not. 14 A You know, again, I think in terms of 14 not. 15 reviewing the literature, no. I mean, it's 15 most. 16 talcum and it's talcum powder. It's a 16 representative of what's on the market. 17 representative of what's on the market. 18 So regardless of what's there or not, 18 So regardless of what's there or not, 19 even from a mineral standpoint, we can make a 20 judgment as to whether that's providing data that 21 supports whether it's a risk factor or biologic 22 plausibility for a role in development of ovarian 23 cancer. 24 MS. THOMPSON: 25 Page 91 26 Q So even in your determination of 24 whether a biologic mechanism is plausible or not, 3 it doesn't matter what the mineral content of the 4 baby powder is? 26 MS. CURRY: 27 MS. CURRY: 28 MS. CURRY: 29 MS. CURRY: 30 Object to the form. 40 A So long as that baby powder's been 4 tested in that experiment, it doesn't matter. 40 MS. THOMPSON: 41 Q So even in your determination of 4 baby powder is? 42 MS. THOMPSON: 43 MS. CURRY: 44 Developing at what a mechanism could be if it could cause cancer, as a hypothetical. 45 MS. CURRY: 46 Object to the form. 46 Object to the form. 47 A As long as that baby powder's been 4 tested in that experiment, it doesn't matter. 48 MS. THOMPSON: 49 MS. THOMPSON: 50 MS. CURRY: 51 MS. CURRY: 52 Object to the form. 53 A No. 1 a mechanism for a hypothetical. II you know, again, that we don't need the hypothetical. We've tested talcum in those experiments. There's no data to support biologic plausibility. So why are why would we be trying to think about a hypothetical component to produce a mechanism for a biologic activity that we haven't seen? 51 MS. THOMPSON: 52 Object to the form. 53 A No. 1 a mechanism for a biologic activity that we haven't seen? 54 MS. CURRY: 55 MS. CURRY: 56 MS. CURRY: 57 Object to the form. 58 Object to the form. 59 Object to the form. 50 Object to the form. 50 Object to the form. 51 Object to	11	intending to assess its potential health effects?	11	is if you decide that talcum powder doesn't cause
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23 Object to the form. 23 A There's nothing in that paper that's				· · ·
24 remains in for what:	∠ 3	Object to the form.	43	A There's noming in that paper that's
	24	Δ Mechanism for what?	24	reliable in terms of showing higheria

24 (Pages 90 to 93)

	Page 94		Page 96
1	plausibility.	1	What is your understanding of how these
2	Q And we'll get to the others.	2	products are used by women?
3	So you're referring to	3	MS. CURRY:
4	A Yes.	4	Object to the form.
5	Q Buz'Zard, Shukla?	5	A Baby powder?
6	A Shukla. Just hang on. Yeah.	6	MS. THOMPSON:
7	Buz'Zard, Shukla and Hamilton.	7	Q And and we're talking about, at
8	Q And I'm going to assume you include	8	least for these cases, in the perineal area.
9	Dr. Saed in that?	9	A Yeah.
10	A Correct.	10	Q Do you have any knowledge from
11	Q Although we're going to get into more	11	conversations with women or literature or any
12	detail in that later.	12	other source as to how it's applied, whether it's
13	A Exactly.	13	standing, lying down, in the underwear, on a
14	Q And you're aware of the other animal	14	sanitary napkin, shaken into hands? Did you have
15	studies that show inflammatory effects; right?	15	any understanding of of those issues?
16	MS. CURRY:	16	MS. CURRY:
17	Object to the form.	17	Object to the form.
18	A You have to go through those and define	18	A I would say not a systematic, shall we
19	that.	19	say, meta-analysis of baby powder use. I
20	MS. THOMPSON:	20	certainly, over years in the clinic, am familiar
21	Q Okay.	21	with women who use baby powder. You know, my
22	A Because it's pretty broad literature.	22	sense is that most dust the perineum usually
23	You're assuming you're referring to	23	standing up. I but again, I can't say that's
24	Keskin?	24	a scientific evaluation. I have some experience
			Page 97
1			
1	Q There are studies going back to the	1	with my wife. So I I it's a certain
2	'40s and '50s with intraperitoneal inflammatory	2	some general concept of how it's done, yeah.
3 4	effects with in the presence of talc. You're aware of those?	3	MS. THOMPSON:
5		4	Q Would you agree, at least, that, for
6	MS. CURRY: Object to the form.	5 6	most women, it would be applied in a in a habitual manner?
7	A There is a big literature.	7	MS. CURRY:
8	MS. THOMPSON:	8	Object to the form.
9			-
10	Q And understanding that there are different histologic subtypes of epithelial	9	A Yeah, I think it's important to define that. It would certainly be repetitive. Is it
11	ovarian cancer, can we agree that if one of us	11	something you know, habitual sounds to me
12	refers to ovarian cancer in a general sense, that	12	like almost like an addict. And I don't I
13	we're referring to epithelial ovarian cancer?	13	don't think that's the case.
14	A I would not include germ you know,	14	MS. THOMPSON:
15	germ cell tumors in this.	15	Q No. I didn't mean it mean in that
16	Q Stromal we're excluding stromal	16	term.
17	A And stromal, yeah. It's epithelial,	17	I meant that it's and this has been
18	correct.	18	reported in the literature, I believe you're
19	Q Okay. So we're on the same page there?	19	aware
20	A With with the caveat being, and we	20	A Uh-huh.
21	do discuss this in the report about even	21	Q that most women do it the same way
	within the epithelial component, we now realize	22	every day or whatever schedule they're on.
1 //		. 44	every day or whatever semedule they it off.
22			
22 23 24	there are different types of tumors. Q Understood.	23 24	MS. CURRY: Object to the form.

25 (Pages 94 to 97)

1		Page 98		Page 100
3 parenthetically, you may get to it later on, but 4 I do think, based on what we're just discussing, it's very hard to it's very hard to quantify amount of use. I really do. 5 MS. THOMPSON: 8 Q And I think we will get to that. 9 A Okay. 9 much a particular individual is exposed to? 10 Q But but so it's hard to quantify 11 how much a woman is using on any given 12 application; correct? 12 how much a woman is using on any given 13 A (Nods affirmatively.) 13 exposure to asbestos, for example? 14 A I guess you could quantify the amount 15 MS. CURRY: 15 of asbestos-containing material in the house, 16 but 17	1	A I would think that there'd be some	1	be true for a number of environmental
1 do think, based on what were just discussing, it's very hard to — it's very hard to juantify a mount of use. I really do.	2	consistency on that. I I will say this	2	exposures
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8 Q And I think we will get to that. 9 A Okay. 9 A Okay. 10 Q But but so it's hard to quantify 10 smoke, it actually is quite quantifiable. 11 how much a woman is using on any given 11 power of application; correct? 12 application; correct? 13 A (Nods affirmatively.) 14 Q And it's hard 14 A I guess you could quantify the amount of asbestos. For example? 15 MS. CURRY: 15 of asbestos-containing material in the house, but 17 be ad shakes because the court reporter will not 18 be able to get that down. 19 A It says 'nods affirmatively.' 19 A Yeah. It would be a challenge. 20 Yes. 20 Q How about a spouse coming home from occupational exposure? 21 MS. CURRY: 21 A That should be masurable. 22 She was able to in that instance. I 22 Q Over time? 23 stand corrected, but for 23 A Multiple samples. 24 THE WITNESS: 24 Q How about 24 Page 99 25 Page 99 26 Q How about exposure to a pesticide? A Yeah. That would be more of a challenge. Yeah. 26 right? 4 Yes. 7 A Some variability. 9 C other situations where it's challenging to quantify the exposure to an individual oper time. 12 Object to the form. 12 Object to the form. 13 A I think that's a fair statement in the house, but '- other situations where it's challenging to quantify it isn't a reason not to study the issue. Right? 10 individual oper time. 12 Object to the form. 13 A I think that's a fair statement in think that, for the reasons you just 16 said, quantifying it is is difficult, not only in individual optications, how much actually would get where, but this longitudinal issue. 19 While I think there's some consistency, do women use if for a while and then stop using it and how often the proper time in the house to give in the proper time? 20 A No. 20 And that would include in vitro	6	amount of use. I really do.	6	Q that difficulty in quantifying how
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8 Q But you'll have to agree, but that 9 not being able to quantify it isn't a reason not 10 to study the issue. Right? 11 MS. CURRY: 12 Object to the form. 13 A I think that's a fair statement in 14 that, you know, if it's important, you need to do 15 it. I just think that, for the reasons you just 16 said, quantifying it is is difficult, not only 17 in individual applications, how much actually 18 would get where, but this longitudinal issue. 19 While I think there's some consistency, do women 20 use it for a while and then stop using it and how 21 often do they change? I think there's a whole 22 issue on that, too. 23 MS. THOMPSON: 8 Q other situations where it's 29 challenging to quantify the exposure to an individual over time. 10 individual over time. 11 MS. CURRY: 12 Object to the form. 13 A Yes. 14 MS. THOMPSON: 15 Q Other than a literature or document review, you I think I asked you this before but I'm gonna just ask it again since it's in my outline here. 19 Other than a literature and document review, have you done any research on talcum powder and ovarian cancer? 20 Issue on that, too. 21 Q And that would include in vitro		_		· · · · · · · · · · · · · · · · · · ·
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11 MS. CURRY: 12 Object to the form. 13 A I think that's a fair statement in 14 that, you know, if it's important, you need to do 15 it. I just think that, for the reasons you just 16 said, quantifying it is is difficult, not only 17 in individual applications, how much actually 18 would get where, but this longitudinal issue. 19 While I think there's some consistency, do women 20 use it for a while and then stop using it and how 21 often do they change? I think there's a whole 22 issue on that, too. 23 MS. THOMPSON: 12 Object to the form. 13 A Yes. 14 MS. THOMPSON: 15 Q Other than a literature or document 16 review, you I think I asked you this before 17 but I'm gonna just ask it again since it's in my 18 outline here. 19 Other than a literature and document 19 review, have you done any research on talcum 20 powder and ovarian cancer? 21 A No. 22 A No. 23 Q And that would include in vitro				
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21often do they change? I think there's a whole21powder and ovarian cancer?22issue on that, too.22ANo.23MS. THOMPSON:23QAnd that would include in vitro				
 issue on that, too. MS. THOMPSON: Q And that would include in vitro 				
23 MS. THOMPSON: 23 Q And that would include in vitro				•
21 Q 1 and wouldn't you agree that that would 24 Tesearch and in vivo, correct?				
	44	And wouldn't you agree that that would	4	research and in vivo, confect?

26 (Pages 98 to 101)

	Page 102		Page 104
1	A Correct.	1	Q Do you know why she's no longer an
2	Q And you've never published an article	2	expert?
3	on talcum powder and ovarian cancer. Is that	3	A I don't.
4	correct?	4	Q Do you know Dr. Huh?
5	A No.	5	A I do know Dr. Huh. Warner. Uh-huh.
6	Q Have you ever given a talk on talcum	6	Q Do you know why Dr. Huh is not serving
7	powder and ovarian cancer?	7	as an expert for the defendants in the MDL?
8	A No.	8	A No.
9	Q Have you discussed your opinions in	9	Q Does University of Alabama know that
10	this case with anyone?	10	you are serving as a paid expert for
11	A No, other than counsel.	11	Johnson & Johnson
12	Q No colleagues?	12	A Yes.
13	A No.	13	Q in this case?
14	Q Did you attend the recent SGO	14	Do you know how much money
15	conference in Hawaii?	15	Johnson & Johnson has contributed to the
16	A Hawaii's a nice place. I did.	16	University of Alabama and your lab?
17	Q Did you discuss talcum powder with any	17	MS. CURRY:
18	of your colleagues at the meeting?	18	Object to the form.
19	A I'd never been there before.	19	A I
20	I did not.	20	MS. THOMPSON:
21	Q Do you know Liz Swisher?	21	Q Let me rephrase that question because I
22	A I do know Liz, yes.	22	don't like being "contributed."
23	Q Do you know her from professional	23	Do you know how much money
24	meetings and other interactions?	24	Johnson & Johnson has paid to University of
	Page 103		Page 105
1		1	Page 105
1	A I know her professionally and we're on	1	Alabama?
2	several papers together.	2	A No.
3	Q Yes, you are.	3	Q Do you know how much money
4	A Yeah.	4	Johnson & Johnson has paid to support your lab? MS. CURRY:
5	Q Have you discussed the case with	5	
6	Dr. Swisher?	7	Object to the form.
7	A Not that I can recall.		A None.
8	Q Were you aware that she was originally	8	MS. CURRY:
9 10	disclosed as an expert for the defendants? MS. CURRY:	9	We've been going over an hour and a half. Whenever it's a good breaking point for
11	Object to the form. A I think her name did was sort of	11	you. MS_THOMBSON:
12		13	MS. THOMPSON:
13	mentioned to me, but MS. CURRY:	14	I think maybe less than five minutes MS. CURRY:
1 1 /		1 14	IVIN CLIKKY:
14			
15	And please don't reveal any discussions	15	No problem.
15 16	And please don't reveal any discussions or	15 16	No problem. MS. THOMPSON:
15 16 17	And please don't reveal any discussions or THE WITNESS:	15 16 17	No problem. MS. THOMPSON: and it's a great break time.
15 16 17 18	And please don't reveal any discussions or THE WITNESS: Okay.	15 16 17 18	No problem. MS. THOMPSON: and it's a great break time. A I may be in kidney failure soon.
15 16 17 18 19	And please don't reveal any discussions or THE WITNESS: Okay. MS. CURRY:	15 16 17 18 19	No problem. MS. THOMPSON: and it's a great break time. A I may be in kidney failure soon. MS. THOMPSON:
15 16 17 18 19 20	And please don't reveal any discussions or THE WITNESS: Okay. MS. CURRY: communications that you've had with	15 16 17 18 19 20	No problem. MS. THOMPSON: and it's a great break time. A I may be in kidney failure soon. MS. THOMPSON: Q Can you make five minutes?
15 16 17 18 19 20 21	And please don't reveal any discussions or THE WITNESS: Okay. MS. CURRY: communications that you've had with lawyers.	15 16 17 18 19 20 21	No problem. MS. THOMPSON: and it's a great break time. A I may be in kidney failure soon. MS. THOMPSON: Q Can you make five minutes? A Yeah, I can. Yeah.
15 16 17 18 19 20 21 22	And please don't reveal any discussions or THE WITNESS: Okay. MS. CURRY: communications that you've had with lawyers. THE WITNESS:	15 16 17 18 19 20 21 22	No problem. MS. THOMPSON: and it's a great break time. A I may be in kidney failure soon. MS. THOMPSON: Q Can you make five minutes? A Yeah, I can. Yeah. Q We'll we'll
15 16 17 18 19 20 21	And please don't reveal any discussions or THE WITNESS: Okay. MS. CURRY: communications that you've had with lawyers.	15 16 17 18 19 20 21	No problem. MS. THOMPSON: and it's a great break time. A I may be in kidney failure soon. MS. THOMPSON: Q Can you make five minutes? A Yeah, I can. Yeah.

27 (Pages 102 to 105)

	Page 106		Page 108
1	can	1	MS. THOMPSON:
2	A Boat's not a good choice.	2	Q How about what is sometimes used in the
3	Q Yeah. I should have used a different	3	literature, elongated mineral fibers? Does that
4	word there.	4	sound familiar?
5	We talked about the methodology that	5	A It sounds consistent with some of the
6	you applied, but but it's not included, per	6	things I read, but I certainly did not pursue
7	se, in the report.	7	that sort of mineralogy review.
8	Can you refer to me me to any	8	Q So no comprehensive review on what's
9	published article, textbook chapter, anything	9	called EMP sometimes.
10	that actually describes Dr. Birrer's methodology?	10	MS. CURRY:
11	MS. CURRY:	11	Object to the form.
12	Object to the form.	12	A No.
13	A No. Again, I I think this relates	13	MS. THOMPSON:
14	to what a lot of us in the field on my level do	14	Q And I can assume that you didn't do a
15	routinely, and so it's not really defined. But	15	comprehensive review on heavy metals
16	when we review literature, a topic, I wouldn't	16	A Correct.
17	want to I don't want to call it a	17	Q and ovarian cancer?
18	meta-analysis because that's a formal process.	18	A Yes.
19	But we we do the right we do the same	19	Q Or fragrance chemicals and ovarian
20	thing. If we do it right, then it's	20	cancer?
21	comprehensive and then we make opinions on those	21	A Correct.
22	papers. That's the methodology.	22	
23	MS. THOMPSON:	23	Q Do you agree that scientists can look
24	Q Okay.	24	at the same body of literature and reach different conclusions, in a general sense?
	Page 107		Page 109
1	A It's more of a scientific lab-based	1	A You know, again, I think if the body
2	approach.	2	of of data and literature is substantive and
3	Q Okay. And did you apply the same	3	clear, I think that a reasonable scientist, a
4	standards for this report that you would use if	4	competent scientist will come to the same
5	you were publishing a paper, for example, a	5	conclusion.
6	review article like we discussed before?	6	Q So is it your opinion that a scientist
7	A I think so, yes.	7	who looks at the baby powder literature or talcun
8	Q Would you be willing to have the	8	powder literature and concludes something
9	opinions that you've provided in this report	9	different from you is unreasonable and
10	peer-reviewed if that were appropriate?	10	incompetent?
11	A Essentially, yes. Yeah. Yeah.	11	MS. CURRY:
12	Q And I think we've discussed this, but	12	Object to the form.
13	does in your opinion, you performed a	13	A I I would say they got it wrong.
14	comprehensive literature review on the subject of	14	MS. THOMPSON:
15	tale and ovarian cancer; correct?	15	Q They got it wrong. But what about
	A Correct.	16	unreasonable?
16	Q But am I correct to say that you did	17	MS. CURRY:
16 17			Object to the form.
	not perform the same comprehensive literature	18	Object to the form.
17	· · · · · · · · · · · · · · · · · · ·	18 19	A I don't I wouldn't use that term. I
17 18	not perform the same comprehensive literature	19	A I don't I wouldn't use that term. I
17 18 19	not perform the same comprehensive literature review for asbestos and ovarian cancer? A Correct.	19 20	A I don't I wouldn't use that term. I would say that they looked at the data and
17 18 19 20 21	not perform the same comprehensive literature review for asbestos and ovarian cancer? A Correct. Q Fibrous talc in ovarian cancer?	19 20 21	A I don't I wouldn't use that term. I would say that they looked at the data and misinterpreted it.
17 18 19 20	not perform the same comprehensive literature review for asbestos and ovarian cancer? A Correct.	19 20	A I don't I wouldn't use that term. I would say that they looked at the data and

28 (Pages 106 to 109)

	Page 110		Page 112
1	MS. CURRY:	1	A Okay.
2	Object to the form.	2	MS. CURRY:
3	A I think you know, labeling that as	3	Can we take a break?
4	incompetent is not appropriate.	4	A It looks like you're coming to an end.
5	MS. THOMPSON:	5	MS. THOMPSON:
6	Q Well, you said, I think that a	6	Q We are. Well, not the end of the day.
7	reasonable scientist, competent scientist will	7	The end of the section.
8	come to the same conclusion. Wouldn't that imply	8	A Hope springs eternal.
9	that if they come to a different inclusion	9	Q Wishful thinking.
10	conclusion, that they're unreasonable or	10	One one more question, then we're
11	incompetent?	11	done.
12	A Well, I think I prefaced that with if	12	A Sure.
13	the body of science we're looking at is is	13	Q What does "proof" mean to you?
14	it's convincing and strong and reproducible, that	14	MS. CURRY:
15	reasonable scientists will come to the same	15	Object to the form.
16	conclusion.	16	MS. THOMPSON:
17	When the data is really unconvincing,	17	Q In a scientific sense.
18	which is what we're dealing with here this	18	A That would be evidence to support the
19	data is not convincing there's no data for	19	conclusion.
20	talc being involved in ovarian cancer, then you	20	Q To convincingly support the conclusion?
21	get this disparate opinions. And and they've	21	MS. CURRY:
22	got it wrong. And I made the	22	Object to the form.
23	-	23	A I'm not sure I need that adjective
24	Q They've got it sorry.A And I've made the argument why I got it	24	there.
	Page 111		Page 113
1	right.	1	MS. THOMPSON:
2	Q Okay. They've got it wrong?	2	Q Well, support support equals proof?
3	A Uh-huh.	3	A Support couldn't equal proof. Proof is
4	Q You have it right.	4	a general term. So it's gonna be a spectrum.
5	A Uh-huh.	5	Q 100 percent?
6	Q But I'm trying to find figure out	6	A Are you you know, definitive proof
7	how you think they got it wrong. Were they	7	would be definitive.
8	misinformed?	8	Q Okay. Let's take a break.
9	MS. CURRY:	9	VIDEOGRAPHER:
10	Object to the form.	10	Off the record at 10:44 a m.
11	A They misinterpreted the data.	11	(OFF THE RECORD.)
12	MS. THOMPSON:	12	VIDEOGRAPHER:
13	Q They misinterpreted the data.	13	We're back on the record at 11 a m.
14	A Yeah.	14	MS. THOMPSON:
15	Q And you would say they misinterpreted	15	Q Dr. Birrer, I want to give you a series
16	the data even though they interpreted the data in	16	of statements and have you agree or disagree or,
17	the same way that the authors presenting the data	17	if you don't know or don't have an opinion,
18	pre interpreted it?	18	that's fine, too. And and if you do have a
19	MS. CURRY:	19	comment or explanation, you're welcome to provide
20	Object to the form.	20	that, too, after you do you have a pen? You
21	A We'd have to go through the actual	21	can mark on this exhibit as we go through. This
22	paper you're referring to.	22	is Exhibit 9.
23	MS. THOMPSON:	23	(DEPOSITION EXHIBIT NUMBER 9
20		24	WAS MARKED FOR IDENTIFICATION.)
24	Q Okay. We may go through some of those.		

29 (Pages 110 to 113)

1 2	MS. CURRY:	1	
2		1	A Yeah. I would disagree with that
	Can I just state an objection on the	2	statement.
3	record to the creation of this exhibit without	3	Q Number 2, "If 40 percent of women use
4	knowing the background of where the statements	4	talc and the relative risk is 1.2, then 7 percent
5	are coming from.	5	of ovarian cancer cases would be attributable to
6	MS. GARBER:	6	talc use or 1,577 cases a year in the USA. This
7	I don't think we're going to have	7	is not a trivial number and should not be
8	speaking objections here today, Miss Curry. The	8	dismissed."
9	proper objection is "Objection. Form." Do not	9	Would you agree or disagree?
10	coach the witness, please.	10	MS. CURRY:
11	MS. CURRY:	11	Object to the form.
12	Miss Garber, I'm not coaching the	12	A Disagree.
13	witness.	13	MS. THOMPSON:
14	MS. GARBER:	14	Q Number 3, "Genital powder use is a
15	You are coaching the witness. You know	15	modifiable exposure associated with small to
16	you're coaching the witness.	16	moderate increases in risk of most histologic
17	MS. THOMPSON:	17	subtypes of epithelial ovarian cancer."
18	I'm asking a statement. It doesn't	18	Would you agree or disagree?
19	matter where it's coming from. It's from my	19	MS. CURRY:
20	head.	20	Object to the form.
21	MR. MIZGALA:	21	A Disagree.
22	Do you have extra copies of this?	22	I'm sorry. Go ahead. Got it?
23	MS. THOMPSON:	23	Disagree.
24	I did bring extra copies.	24	MS. THOMPSON:
	Page 115		Page 117
1	MR. MIZGALA:	1	Q Number 4, "Perineal use of talc-based,
2	Thank you.	2	not asbestiform, body powder is possibly
3	MS. THOMPSON:	3	carcinogenic to humans, group 2B."
4	Q So, Dr. Birrer, statement number 1,	4	A Disagree.
5	"Given the number of hazard ratios reported in	5	MS. CURRY:
6	the literature between 1.1 and" that should be	6	Object to the form.
7	an "1.4 in both case-control and cohort	7	MS. THOMPSON:
8	studies, it is disingenuous to state that there	8	Q Number 5, "The use of perineal talcum
9	is no evidence that talc is associated with	9	powder has been associated with a 20 to 30
10	ovarian cancer."	10	percent increased risk of ovarian cancer,
11	Do you agree or disagree with that	11	although it also has been shown to vary by
12	statement?	12	histologic subtype."
13	MS. CURRY:	13	MS. CURRY:
14	Object to the form.	14	Object to the form.
15	A Now, you want me to write an answer	15	MS. THOMPSON:
16	here?	16	Q Agree or disagree?
17	MS. THOMPSON:	17	A And this is like, histologic
18	Q Yes, please. And then and when you	18	clear cell and endometrioid? Is that what's
19	tell me, I'm going to put it on here, too.	19	being implied here?
20	A Yeah. Okay. In these the hazard	20	Q Yes.
21	ratios, these are in a case-controlled cohort	21	A Disagree.
22	studies.	22	Q Number 6, "A lot of work has been done
22			
23	Q It says in both case-controlled and	23	to clarify the risk reduction of various

30 (Pages 114 to 117)

	Page 118		Page 120
1	cigarette smoking and talc use. Some of these	1	statement as a whole
2	are subtype specific, such as endometriosis,	2	A Yeah.
3	cigarette smoking, while others are general risk	3	Q but would
4	factors. Use of talc in the genital area has	4	A Caveat.
5	consistently been shown to increase the risk of	5	Q and that will be on the record that
6	OC and therefore is not recommended."	6	you
7	MS. CURRY:	7	A Okay. Parsed it.
8	Object to the form.	8	Q The ones that yeah.
9	A Disagree.	9	Number 9, "Talc powder use is highly
10	MS. THOMPSON:	10	prevalent in the African-American community and
11	Q Number 7, "Inflammatory risk factors	11	has been found to be associated with increased
12	for EOC are perineal talc exposure, endometriosis	12	risk of ovarian cancer, period."
13	and pelvic inflammatory disease."	13	MS. CURRY:
14	Agree or disagree?	14	Object to the form.
15	MS. CURRY:	15	A So I do believe the first part, that
16		16	_
17	Object to the form. A So this is inclusive of all three;	17	it's prevalent in the African-American community. The second part is not convincing to me.
18	right? Endometriosis and	18	Is that can we put that on the
19	MS. THOMPSON:	19	record? Disagree with the caveat, yeah.
20	Q Yes.	20	MS. THOMPSON:
21	A Okay.	21	Q Yeah. "Most women report using
22	Q But if you want to disagree and	22	Johnson's baby powder or Shower to Shower."
23	explain, that that's fine.	23	A I don't know.
24	A I would that's a tough one to	24	Q "The average age women begin using talc
	Page 119		Page 121
1	answer. I think endometriosis is a I don't	1	is 20."
2	call it inflammatory. So, yeah, I would I	2	A Don't know that.
3	don't call it inflammatory, so, yeah, I would	3	Q "In the interest of public health, I
4	disagree on this. It's too general.	4	believe we should caution women against using
5	MS. THOMPSON:	5	genital talcum powder," number 12.
6	Q "Risk factors to be considered:	6	MS. CURRY:
7	Parity, oral contraceptive use, breastfeeding,	7	Object to the form.
8	tubal ligation, painful periods or endometriosis,	8	MS. THOMPSON:
9	obesity or polycystic ovarian syndrome, and talc	9	Q Agree or disagree?
10	use. These risk factors are concordant with	10	A I disagree.
11	published epidemiologic data related to	11	Q Number 13, "Genital powder use is a
12	reproductive factors, use of talc, tubal	12	lifestyle risk factor for all serous,
13	ligation, endometriosis and polycystic ovarian	13	endometrioid, and clear cell histologic subtypes
14	syndrome or obesity."	14	of ovarian cancer."
15	MS. CURRY:	15	MS. CURRY:
16	Object to the form.	16	Object to the form.
17	A So parity, oral contraceptive,	17	A I disagree.
18	breastfeeding, tubal ligation, endometriosis but	18	MS. THOMPSON:
19	not painful periods or obesity or talc use. Is	19	Q Number 14, "Overall, there is an
20	that a	20	association between genital talc use and EOC and
21	MS. THOMPSON:	21	a significant trend with increasing" in
22	Q Okay.	22	quotations "'talc years of use."'
	A no or	23	MS. CURRY:
4.5	110 01		
23 24	Q So so you would disagree with the	24	Object to the form.

31 (Pages 118 to 121)

	Page 122		Page 124
1	MS. THOMPSON:	1	present in the vagina, can migrate to the upper
2	Q Agree or disagree?	2	genital tract."
3	A I'm thinking. Disagree.	3	MS. CURRY:
4	Q Number 15, "Talc-containing powders are	4	Object to the form.
5	hypothesized to promote cancer development by	5	MS. THOMPSON:
6	ascending the female genital tract and	6	Q Agree or disagree?
7	interacting directly with the ovarian surface	7	MS. THOMPSON:
8	epithelium, leading to local inflammation	8	A You want to do you want to define
9	characterized by increased rates of cell	9	"biologic credibility"?
10	division, DNA repair, oxidative stress, and	10	THE COURT REPORTER:
11	elevated inflammatory cytokines."	11	Say again?
12	MS. CURRY:	12	THE WITNESS:
13	Object to the form.	13	Define "biologic credibility."
14	A This is a hypothesis; right?	14	Sorry. I'm mumbling.
15	MS. THOMPSON:	15	THE COURT REPORTER:
16	Q Yes.	16	Uh-huh.
17	A I agree.	17	MS. THOMPSON:
18	Q "Following" number 16.	18	Q Let's define it as evidence of a
19	A Uh-huh.	19	credible biologic mechanism.
20	Q "Following perineal application, talc	20	A I would disagree.
21	particles can migrate from the vagina to the	21	MS. CURRY:
22	peritoneal cavity and ovaries."	22	Object to the form.
23	MS. CURRY:	23	MS. THOMPSON:
24	Object to the form.	24	Q Number 20, "The vagina serves as a
	Page 123		Page 125
1	A Disagree on that.	1	portal to the internal reproductive tract.
2	MS. THOMPSON:	2	MS. CURRY:
3	Q Number 17, "A majority of women	3	Object to the form.
4	experience retrograde menstruation. This	4	A Agree.
5	suggests a mechanism by which talc particles can	5	MS. THOMPSON:
6	travel through the female reproductive tract to	6	Q 21, "The vagina is a musculoepithelial
7	the peritoneal cavity and ovaries."	7	tube extending from the level of the external
8	MS. CURRY:	8	genitals to the cervical portion of the uterus.
9	Object to the form.	9	It is a reproductive conduit in all respects,
10	MS. THOMPSON:	10	connecting the external environment to the
11	Q Agree or disagree?	11	internal genitalia."
12	A Disagree. O Number 18 "It is possible that the	12	MS. CURRY:
13	Q Number 18, "It is possible that the	13	Object to the form.
14	passage of tale is aided by retrograde menses and	14	A I'm not sure I understand that
	that talc use during menses poses a special risk."	15	statement.
15		16	What's the internal genitalia?
16			
16 17	Agree or disagree?	17	MS. THOMPSON:
16 17 18	Agree or disagree? MS. CURRY:	17 18	MS. THOMPSON: Q The ovaries.
16 17 18 19	Agree or disagree? MS. CURRY: Object to the form.	17 18 19	MS. THOMPSON: Q The ovaries. A The ovaries. I'm putting that in here.
16 17 18 19 20	Agree or disagree? MS. CURRY: Object to the form. A Disagree.	17 18 19 20	MS. THOMPSON: Q The ovaries. A The ovaries. I'm putting that in here. Q And tubes. Let's say tubes and
16 17 18 19 20 21	Agree or disagree? MS. CURRY: Object to the form. A Disagree. MS. THOMPSON:	17 18 19 20 21	MS. THOMPSON: Q The ovaries. A The ovaries. I'm putting that in here. Q And tubes. Let's say tubes and ovaries.
16 17 18 19 20 21 22	Agree or disagree? MS. CURRY: Object to the form. A Disagree. MS. THOMPSON: Q 19, "Biologic credibility of the	17 18 19 20 21 22	MS. THOMPSON: Q The ovaries. A The ovaries. I'm putting that in here. Q And tubes. Let's say tubes and ovaries. A Okay. External.
16 17 18 19 20 21	Agree or disagree? MS. CURRY: Object to the form. A Disagree. MS. THOMPSON:	17 18 19 20 21	MS. THOMPSON: Q The ovaries. A The ovaries. I'm putting that in here. Q And tubes. Let's say tubes and ovaries.

32 (Pages 122 to 125)

	Page 126		Page 128
1	A Cervix.	1	A Disagree.
2	Q I think the uterus is an internal	2	MS. THOMPSON:
3	genitalia, too.	3	Q 27, "Talc is able to migrate through
4	A Okay.	4	the genital tract and gain access to the ovaries
5	Q But I agree that's somewhat	5	because talc fibers have been detected in benign
6	A Yeah. It's a little I mean, yeah.	6	and malignant ovarian tissues."
7	Genitalia is usually external.	7	Agree or disagree?
8	Q Yeah.	8	MS. CURRY:
9	22, "A review of the literature	9	Object to the form.
10	suggests that it is biologically plausible for	10	A Disagree.
11	talc particles to migrate from the vagina to the	11	MS. THOMPSON:
12	peritoneal cavity and ovaries following perineal	12	Q 28, "There are inherent limitations
13	application."	13	quantifying a dose-response due to a lack of
14	MS. CURRY:	14	metrics for how much tale is in an application,
15	Object to the form.	15	how much enters the vagina, and how much reaches
16	MS. THOMPSON:	16	the upper genital tract where, presumably, any
17	Q Agree or disagree?	17	deleterious effect is mediated. This may account
18	A Disagree.	18	for the failure to identify a dose-response in
19	Q "Talc" 23. "Talc placed on the	19	many papers on tale and ovarian cancer."
20	perineum may enter the vagina and ascend to the	20	MS. CURRY:
21	upper genital tract."	21	Object to the form.
22	Agree or disagree?	22	A It's a big statement. Give me a
23	MS. CURRY:	23	second. I disagree with that.
24	Object to the form.	24	MS. THOMPSON:
	Davis 107		D 120
1	Page 127	1	Page 129
1	A Disagree. MS. THOMPSON:	1	Q 29, "Tubal ligation is a strong
2		2 3	protective factor. One possibility for the
3	Q 24, "The potential for particulates to		mechanism is blocking the transience of potential materials that could impact the health of the
4	migrate from the perineum and vagina to the	4 5	fimbria."
5 6	peritoneal cavity is indisputable." MS. CURRY:	6	MS. CURRY:
7		7	Object to the form.
8	Object to the form.	8	
	A Disagree.	9	A Disagree. MS. THOMPSON:
9	MS. THOMPSON: Q "The Sjösten study"	10	Q Number 30, "Any material whether it
11	Q "The Sjösten study" Do you know the Sjösten study?	11	be talc, heavy metals, asbestos, whatever can
12	A I do.	12	migrate from the perineum to the ovaries through
13	Q "offers compelling evidence in	13	the reproductive tract. There's an anatomical
14	support of the migration hypothesis."	14	conduit, so it's not blocked. Theoretically, it
15	MS. CURRY:	15	could happen."
16	Object to the form.	16	Agree or disagree?
17	A Disagree.	17	MS. CURRY:
18	MS. THOMPSON:	18	Object to the form.
19	Q 26, "Talc particulates from perineal	19	A Disagree.
20	application have been shown to migrate to the	20	MS. THOMPSON:
21	ovaries."	21	Q 31, "There is an anatomic conduit from
22	Agree or disagree?	22	the perineum through to the ovary, vagina,
23	MS. CURRY:	23	cervical os, endometrium, and the fallopian tube
24	Object to the form.	24	that is, in most women, an open conduit that
	,	1	/ · · · · · · · · · · · · · · · · · · ·

33 (Pages 126 to 129)

2 I 3 4 I 5 6 5	is in most women an open conduit. On a theoretic level, things can transit." A I would agree with that.	1	Oh, sorry.
3 4 1 5 6 7	-	2	
4 I 5 6 7	A I would agree with that.	2	So the animal model, yes. The rest of
5 6 7	1 Would agree with that	3	it, no.
6 7 7	MS. CURRY:	4	Q Animal model
7	Object to the form. Sorry.	5	A Would be strengthened.
	THE WITNESS:	6	Q Okay. We've got in the human model
8 l	I'm sorry.	7	A Yeah.
	MS. THOMPSON:	8	Q agree.
9 (Q 32, "Genital powder use was associated	9	A Okay.
10 v	with ovarian cancer risk in African-American	10	Q Okay. And the rest, disagree.
11 v	women and are consistent with localized chronic	11	A Yeah.
12 i	inflammation in the ovary due to particulates	12	Q Okay. I think that's clear, especially
13 t	that travel through a direct transvaginal route."	13	with explanation.
14 I	MS. CURRY:	14	34, "It is plausible that perineal
15	Object to the form.	15	talc, and other particulate, in parens, that
	A Disagree.	16	reaches the endometrial cavity, fallopian tubes,
17]	MS. THOMPSON:	17	ovaries and peritoneum, may elicit a foreign
18 (Q 33, "Biologic credibility for an	18	body-type reaction and inflammatory response
	association would be strengthened by an animal	19	that, in some exposed women, may progress to
	model, but an experiment capturing all of the	20	epithelial cancers."
21 j	potential factors in the 'human' model would be	21	MS. CURRY:
	very difficult. These elements include	22	Object to the form.
23 (chronicity of the exposure, anatomic and	23	A I disagree with that.
24 I	physiologic uniqueness of women, effects of	24	MS. THOMPSON:
	Page 131		Page 133
1	pregnancy and potential spread through coitus."	1	Q 35, "Epidemiologic evidence implicates
2	Agree or disagree?	2	chronic inflammation as a central mechanism in
3	MS. CURRY:	3	the pathogenesis of ovarian cancer, the most
4	Object to the form.	4	lethal gynecologic cancer among women in the
5	A This is in relationship to talc?	5	United States."
6	MS. THOMPSON:	6	MS. CURRY:
7	Q Yes.	7	Object to the form.
8	A Okay.	8	MS. THOMPSON:
9	Q Talc and ovarian cancer.	9	Q And I'll assume that you don't agree
10	A Yeah, yeah. Okay.	10	with the last
11	It's a two-part issue, unfortunately.	11	A Right. Most lethal?
12	I mean, I think it would be strengthened by an	12	Q part of that? But the first part?
13	animal model.	13	A I would disagree with this. Yeah.
14	Q And if you if you'd if you'd like	14	Q 36, "Findings on talc and endometriosis
	to divide that up into two sections, that would	15	are consistent with previous findings and are
16	be that's fine.	16	compatible with a hypothesis that these factors
17	A Okay. Well, I okay. That's	17	increase the risk of ovarian cancer and that
18	yeah. I think I think it would be	18	inflammation and that inflammation may be a
19	strengthened by an animal model.	19	common pathway."
20	Q Okay. So	20	MS. CURRY:
21	A "Experiment capturing all the potential	21	Object to the form.
22	would be difficult."	22	A Disagree.
23	I don't agree with that, the second	23	MS. THOMPSON:
24	part. Can I do that and split it a little bit?	24	Q 37, "Chron-"

34 (Pages 130 to 133)

	Page 134		Page 136
1	A 37. Right.	1	inflammation and an increased risk of ovarian
2	Q "Chronic inflammation has been proposed	2	cancer. Other specific inflammatory factors have
3	as the possible causal mechanism that explains	3	also been associated with ovarian cancer."
4	the observed association between certain risk	4	MS. CURRY:
5	factors, such as use of talcum powder (talc) in	5	Object to the form.
6	the pelvic region and epithelial ovarian cancer."	6	A I agree on that.
7	MS. CURRY:	7	MS. THOMPSON:
8	Object to the form.	8	Q 42, "The patency of the female tract
9	A That's been proposed; right? I would	9	and the nature of ovarian cancer as a surface
10	agree.	10	epithelial (mesothelial lesion) make the ovary a
11	MS. THOMPSON:	11	target for foreign body carcinogenesis."
12	Q And you would disagree that that is a	12	MS. CURRY:
13	possible cause of mechanism, I assume.	13	Object to the form.
14	A Correct.	14	MS. THOMPSON:
15	Q 38, "Talc particles can induce an	15	Q Agree or disagree?
16	inflammatory response in vivo, which may be	16	A Disagree.
17	important in ovarian cancer risk. Normal ovarian	17	Q 43, "Inflammation has been suggested to
18	cells treated with talc are more likely to	18	
			be a major factor leading to epithelial ovarian
19	undergo cell proliferation and neoplastic	19	cancer. For example, epidemiologic data have
20	transformation, and cellular generation of	20	shown that asbestos and talc exposure increased
21	reactive oxygen species increases with increasing	21	ovarian cancer risk."
22	exposure to talc."	22	MS. CURRY:
23	MS. CURRY:	23	Object to the form.
24	Object to the form.	24	A Disagree.
	Page 135		Page 137
1	A I disagree with that.	1	MS. THOMPSON:
2	MS. THOMPSON:	2	Q 44, "Studies have found" "also found
3	Q 39, "A growing body of epidemiologic	3	that endometrio-"
4	evidence suggests that factors causing epithelial	4	Let's leave out the "also," since I
5	inflammation are involved in ovarian	5	don't know what that refers to.
6	carcinogenesis. Such factors include asbestos	6	"Studies have found that endometriosis,
7	and talc exposures, endometriosis and pelvic	7	pelvic inflammatory disease, and mumps viral
8	inflammatory disease (PID)."	8	infection are positively associated with ovarian
9	MS. CURRY:	9	cancer risk. In contrast, tubal ligations and
10	Object to the form.	10	hysterectomies, which are thought to reduce the
11	A Disagree with that.	11	exposure of the OSE to environmental inflammation
12	MS. THOMPSON:	12	initiators have been shown to reduce the risk of
13	Q 40, "Direct induction of inflammation	13	ovarian cancer."
14	as a result of endometriosis, talc, and asbestos	14	MS. CURRY:
	exposure, and PID, as well as ovulation itself,	15	Object to the form.
		16	
15	max act to promote exemin tempinancia!	1 70	
15 16	may act to promote ovarian tumorigenesis."	17	MC THOMBSON:
15 16 17	Agree or disagree?	17	MS. THOMPSON:
15 16 17 18	Agree or disagree? MS. CURRY:	18	Q 45, "It has been noted that the
15 16 17 18 19	Agree or disagree? MS. CURRY: Object to the form.	18 19	Q 45, "It has been noted that the ovulatory process itself resembles an
15 16 17 18 19 20	Agree or disagree? MS. CURRY: Object to the form. A Disagree.	18 19 20	Q 45, "It has been noted that the ovulatory process itself resembles an inflammatory reaction, with leukocytic
15 16 17 18 19 20 21	Agree or disagree? MS. CURRY: Object to the form. A Disagree. MS. THOMPSON:	18 19 20 21	Q 45, "It has been noted that the ovulatory process itself resembles an inflammatory reaction, with leukocytic infiltration, the release of nitric oxide and
15 16 17 18 19 20 21 22	Agree or disagree? MS. CURRY: Object to the form. A Disagree. MS. THOMPSON: Q 41, regarding Inflammation. "Studies	18 19 20 21 22	Q 45, "It has been noted that the ovulatory process itself resembles an inflammatory reaction, with leukocytic infiltration, the release of nitric oxide and inflammatory cytokines, basal dilation, DNA
15 16 17 18 19 20 21	Agree or disagree? MS. CURRY: Object to the form. A Disagree. MS. THOMPSON:	18 19 20 21	Q 45, "It has been noted that the ovulatory process itself resembles an inflammatory reaction, with leukocytic infiltration, the release of nitric oxide and

35 (Pages 134 to 137)

	Page 138		Page 140
1	Object to the form.	1	Q 51, "For baby powder users, it is habit
2	MS THOMPSON:	2	that developed at one point and stays regularly."
3	Q Agree or disagree?	3	MS. CURRY:
4	A I would agree on that.	4	Object to the form.
5	Q 46, "The latency period of more	5	A Don't know.
6	advanced, malignant epithelial ovarian cancer	6	MS. THOMPSON:
7	could be estimated to be approximately 30 to 40	7	Q 52, "In order to achieve statistical
8	years."	8	significance in a prospective study, we need a
9	MS. CURRY:	9	much larger cohort. For example, we will need to
10	Form.	10	study upwards of 200,000 women for ten years."
11	A I don't know that. Sorry. I don't	11	MS. CURRY:
12	know.	12	Object to the form.
13	MS. THOMPSON:	13	A I disagree.
14	Q "If the magnitude of the association is	14	MS. THOMPSON:
15	to be estimated with precision, it is important	15	Q You disagree.
16	that consortia are developed and expanded in	16	53, "Given inherent limitation of
17	order to generate the appropriate sample size."	17	cohort studies, it is not surprising that we have
18	And this is in regard to talcum powder	18	not been able to confirm the case-control studies
19	in association with ovarian cancer.		
20	MS. CURRY:	19	with prospective studies, but this does not mean
21		20	that the case-control studies were wrong."
	Object to the form.	21	MS. CURRY:
22	A Don't know.	22	Object to the form.
23	MS. THOMPSON:	23	A Disagree.
24	Q 48, "Neither prospective study"	24	MS. THOMPSON:
	Page 139		Page 141
1	meaning Gertig or Houghton "confirmed the	1	Q Agree or disagree?
2	association of talc use and ovarian cancer raised	2	A Disagree.
3	by the case-control studies, but neither study	3	Q 54, "It is unlikely that the
4	was powered to detect a risk of 1.2 and	4	association between talc and ovarian cancer is
5	therefore, we cannot exclude the possibility."	5	due to confounding, and so it is fair to say that
6	Agree or disagree?	6	if there is a statistically robust relationship
7	MS. CURRY:	7	between talc use and ovarian cancer" sorry.
8	Object to the form.	8	I'm gonna start all over.
9	A Disagree.	9	"It is unlikely that the association
10	MS. THOMPSON:	10	between talc and ovarian cancer is due to
11	Q 49, "An odds ratio of 1.2 or 1.3 has no	11	confounding, and so it is fair to say that if
12	meaningful clinical impact on a patient."	12	there is a statistically robust relationship
13	MS. CURRY:	13	between talc use and ovarian cancer, it is likely
14	Object to the form.	14	to be causal (albeit with intermediate factors
15	A Don't know.	15	such as inflammation)."
Τ.Э	MS. THOMPSON:	16	· · · · · · · · · · · · · · · · · · ·
16	Q "There are design studies with"		Agree or disagree?
16 17	There are design stilling with	17	MS. CURRY:
17			Object to the form.
17 18	sorry.	18	A D'
17 18 19	sorry. 50, "There are design issues with every	19	A Disagree.
17 18 19 20	sorry. 50, "There are design issues with every study, both case-controls and cohort studies."	19 20	MS. THOMPSON:
17 18 19 20 21	sorry. 50, "There are design issues with every study, both case-controls and cohort studies." MS. CURRY:	19 20 21	MS. THOMPSON: Q 55, "Among many epidemiologic
17 18 19 20 21 22	sorry. 50, "There are design issues with every study, both case-controls and cohort studies." MS. CURRY: Object to the form.	19 20 21 22	MS. THOMPSON: Q 55, "Among many epidemiologic variables, no confounders for the association
17 18 19 20 21	sorry. 50, "There are design issues with every study, both case-controls and cohort studies." MS. CURRY:	19 20 21	MS. THOMPSON: Q 55, "Among many epidemiologic

36 (Pages 138 to 141)

	Page 142		Page 144
1	Object to the form.	1	Object to the form.
2	A No opinion.	2	A I agree on that.
3	MS. THOMPSON:	3	MS. THOMPSON:
4	Q 56, "There is a consistent association	4	Q 61, "The gold standard for translating
5	between talc and ovarian cancer that appears	5	epidemiologic case-controlled or cohort
6	unlikely to be explained by recall or	6	observational studies into a clinical meaningful
7	confounding."	7	data relies on laboratory-derived experiments in
8	Agree or disagree?	8	vitro or in vivo."
9	MS. CURRY:	9	MS. CURRY:
10	Object to the form.	10	Object to the form.
11	A Disagree.	11	A I disagree with that.
12	MS. THOMPSON:	12	MS. THOMPSON:
13	Q 57, "The meta-analyses of the available	13	Q On what basis?
14	human studies in the peer-reviewed literature	14	A The it depends upon the
15	indicate a consistent and statistically	15	epidemiologic date that that we're talking about.
16	significant positive association between perineal	16	Q In other words, if the epidemiologic
17	exposure to talc and ovarian cancer."	17	data isn't strong enough, in your opinion, then
18	MS. CURRY:	18	doing in vitro or in vivo studies don't provide
19	Object to the form.	19	clinically meaningful data? Is that
20	A Disagree.	20	MS. CURRY:
21	MS. THOMPSON:	21	Object to the form.
22	Q You disagree.	22	A It's actually it's actually the
23	58, "In studies where the exposure is	23	other way around. So I think if it's a weak
24	simple (e.g., never versus ever use), recall bias	24	association, then the laboratory data becomes
	1 (3)		,
	Page 143		D 14F
	rage 143		Page 145
1	is unlikely to be an important source of bias."	1	that much more important for biologic
1 2	is unlikely to be an important source of bias." Agree or disagree?	1 2	
	is unlikely to be an important source of bias."		that much more important for biologic
2	is unlikely to be an important source of bias." Agree or disagree?	2	that much more important for biologic plausibility.
2	is unlikely to be an important source of bias." Agree or disagree? MS. CURRY:	2 3	that much more important for biologic plausibility. If it has you know, if it's chimney
2 3 4	is unlikely to be an important source of bias." Agree or disagree? MS. CURRY: Object to the form.	2 3 4	that much more important for biologic plausibility. If it has you know, if it's chimney sweeps or lung cancer with smoking, then that's
2 3 4 5	is unlikely to be an important source of bias." Agree or disagree? MS. CURRY: Object to the form. A No opinion.	2 3 4 5	that much more important for biologic plausibility. If it has you know, if it's chimney sweeps or lung cancer with smoking, then that's clinically meaningful. Those effects are huge.
2 3 4 5 6	is unlikely to be an important source of bias." Agree or disagree? MS. CURRY: Object to the form. A No opinion. MS. THOMPSON:	2 3 4 5 6	that much more important for biologic plausibility. If it has you know, if it's chimney sweeps or lung cancer with smoking, then that's clinically meaningful. Those effects are huge. That's what I'm I'm not associating this just
2 3 4 5 6 7	is unlikely to be an important source of bias." Agree or disagree? MS. CURRY: Object to the form. A No opinion. MS. THOMPSON: Q Is that an issue that you would be	2 3 4 5 6 7	that much more important for biologic plausibility. If it has you know, if it's chimney sweeps or lung cancer with smoking, then that's clinically meaningful. Those effects are huge. That's what I'm I'm not associating this just with the talc statement. Is it a talc statement?
2 3 4 5 6 7 8	is unlikely to be an important source of bias." Agree or disagree? MS. CURRY: Object to the form. A No opinion. MS. THOMPSON: Q Is that an issue that you would be inclined to to ask an epidemiologist? MS. CURRY: Object to the form.	2 3 4 5 6 7 8	that much more important for biologic plausibility. If it has you know, if it's chimney sweeps or lung cancer with smoking, then that's clinically meaningful. Those effects are huge. That's what I'm I'm not associating this just with the talc statement. Is it a talc statement? MS. THOMPSON: Q Uh-huh. I just want to make just want to make sure that I understand the the
2 3 4 5 6 7 8 9 10	is unlikely to be an important source of bias." Agree or disagree? MS. CURRY: Object to the form. A No opinion. MS. THOMPSON: Q Is that an issue that you would be inclined to to ask an epidemiologist? MS. CURRY: Object to the form. A I'd like to see the I'd like to see	2 3 4 5 6 7 8 9 10	that much more important for biologic plausibility. If it has you know, if it's chimney sweeps or lung cancer with smoking, then that's clinically meaningful. Those effects are huge. That's what I'm I'm not associating this just with the talc statement. Is it a talc statement? MS. THOMPSON: Q Uh-huh. I just want to make just
2 3 4 5 6 7 8 9	is unlikely to be an important source of bias." Agree or disagree? MS. CURRY: Object to the form. A No opinion. MS. THOMPSON: Q Is that an issue that you would be inclined to to ask an epidemiologist? MS. CURRY: Object to the form.	2 3 4 5 6 7 8 9	that much more important for biologic plausibility. If it has you know, if it's chimney sweeps or lung cancer with smoking, then that's clinically meaningful. Those effects are huge. That's what I'm I'm not associating this just with the talc statement. Is it a talc statement? MS. THOMPSON: Q Uh-huh. I just want to make just want to make sure that I understand the the
2 3 4 5 6 7 8 9 10	is unlikely to be an important source of bias." Agree or disagree? MS. CURRY: Object to the form. A No opinion. MS. THOMPSON: Q Is that an issue that you would be inclined to to ask an epidemiologist? MS. CURRY: Object to the form. A I'd like to see the I'd like to see	2 3 4 5 6 7 8 9 10 11 12	that much more important for biologic plausibility. If it has you know, if it's chimney sweeps or lung cancer with smoking, then that's clinically meaningful. Those effects are huge. That's what I'm I'm not associating this just with the tale statement. Is it a tale statement? MS. THOMPSON: Q Uh-huh. I just want to make just want to make sure that I understand the the reason for your disagreement. But if you feel
2 3 4 5 6 7 8 9 10 11 12	is unlikely to be an important source of bias." Agree or disagree? MS. CURRY: Object to the form. A No opinion. MS. THOMPSON: Q Is that an issue that you would be inclined to to ask an epidemiologist? MS. CURRY: Object to the form. A I'd like to see the I'd like to see the study that it's based on.	2 3 4 5 6 7 8 9 10 11 12	that much more important for biologic plausibility. If it has you know, if it's chimney sweeps or lung cancer with smoking, then that's clinically meaningful. Those effects are huge. That's what I'm I'm not associating this just with the talc statement. Is it a talc statement? MS. THOMPSON: Q Uh-huh. I just want to make just want to make sure that I understand the the reason for your disagreement. But if you feel like it's explained, I'm good.
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37 (Pages 142 to 145)

	Page 146		Page 148
1	A In terms of value.	1	Q Are you familiar with the term and I
2	Q the importance of it?	2	believe this is more in the toxicological
3	A Yeah.	3	literature of a complete carcinogen?
4	Q Okay. Got it.	4	A I would
5	62, "Mineral talc occurs naturally in a	5	Q Does that have a meaning to you?
6	platy, flat form, but may also occur as	6	A Yeah. I've seen that described.
7	asbestiform fibers, which describes its physical	7	Frankly, I can only I can only sort of guess
8	form and does not imply the presence of asbestos.	8	what they mean by that. My guess is a complete
9	The purer forms, approximately 90 percent mineral	9	carcinogen, putting out there for the discussion
10	talc, are used for" oops "are used for	10	between you and me is what I'm describing as the
11	cosmetic and hygiene products, including baby	11	classic initiation molecule.
12	powders and feminine hygiene products."	12	Q IARC describes do I have it? Would
13	MS. CURRY:	13	you look at Exhibit 6, which is the IARC? I just
14	Object to the form.	14	wanted to look at their definition of
15	MS. THOMPSON:	15	carcinogenesis and see whether you would agree
16	Q Agree or disagree or no opinion?	16	with it or not.
17	A No opinion.	17	A Is it in the preamble?
18	Q That's it. I'll think of some new	18	Q It's in the preamble. And if I can't
19	questions.	19	find it, we may come back to that later.
20	A I feel like I just took my boards.	20	Because I can't remember where it is.
21	Q Dr. Birrer, how do you define a	21	Let's come back to that.
22	carcinogen?	22	A It's a big preamble.
23	A That's an agent or substance which	23	Q Lots of methodology.
24	causes or induces cancer.	24	Are you familiar with the Hanahan paper
	Page 147		Page 149
1	Q Do you include effect on the promotion	1	from 2011 "Hallmarks of Cancer"?
2	and progression of cancer as well in a when	2	A It's a global sort of review. Yes.
3	you're considering carcinogenicity?	3	Q A big review
4	MS. CURRY:	4	A Big.
5	Object to the form.	5	Q article?
6	A So historically and there's been a	6	A Is it
7	lot of work on this for decades carcinogens	7	Q Do you know do you know Dr. Hanahan
8	have been usually been associated with	8	or know of Dr. Hanahan?
9	initiation. So this is a substance just to	9	A I know of him.
10	you an example. Paint it on to a mouse skin, and	10	Q And it's Hanahan and Weinberg?
11	you develop tumors above statistically	11	A Weinberg, yeah. Yeah.
12	significantly above background.	12	Q Let me go ahead and mark that.
13	Tumor promoters don't do that. But	13	A Okay.
14	when you combine the tumor promoter with the	14	(DEPOSITION EXHIBIT NUMBER 10
15	carcinogen, instead of getting the 10 tumors, now	15	WAS MARKED FOR IDENTIFICATION.)
16	you get a hundred. So promotion is a little bit	16	MS. THOMPSON:
17	different. That's the historic perspective.	17	Make sure those don't have my markings
18	You know, we've come a long way since	18	on it.
19	then, and I think it's gotten even more complex,	19	A It would be easier for me if the
20	that there are tumor promoters that work by	20	markings were there.
21	transcriptional factors. So that's not genetic	21	MS. THOMPSON:
			0 8 1 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1
22	changes in the tumor, in the cells. Carcinogens	22	Q Exhibit 10. And you agree that this
22 23	usually work that way, where you're getting a	23	article describes the hallmarks of cancer in a
22	-		· · ·

38 (Pages 146 to 149)

	Page 150		Page 152
1	A Correct.	1	Characteristics."
2	Q And it's a review article in Cell. Are	2	And it says, the first sentence, "An
3	you familiar with that journal?	3	increasing body of research suggests that two
4	A I am.	4	additional hallmarks of cancer are involved in
5	Q Have you published in that journal?	5	the pathogenesis of some and perhaps all
6	Probably.	6	cancers."
7	A I wished I had published more in that	7	I'm gonna skip down to the to the
8	journal. Yeah.	8	last sentence in that description.
9	Q And it's the title of the article is	9	"Inflammation"
10	"The Hallmarks of Cancer: The Next Generation."	10	A You're in the figure legend?
11	But in the top right hand, it says, "Leading edge	11	Q In the figure legend.
12	review." So that would be a review article for a	12	"Inflammation by innate immune cells
13	general audience. Would you agree?	13	designed to fight infections and heal wounds can
14	A Yes. General audience of scientists,	14	instead result in their inadvertent support of
15	yeah. Because it's pretty sophisticated.	15	multiple hallmark capabilities, thereby
16	Q Agree.	16	manifesting the now widely appreciated tumor
17	And it describes the hallmarks of	17	promoting consequences of inflammatory
18	cancer generally. These do not specifically	18	responses."
19	apply to ovarian cancer in in the	19	Would you agree with that statement, in
20	introduction. I'm starting on the third	20	a general sense?
21	sentence. "They include sustaining proliferative	21	A Yes.
22	signaling, evading growth suppressors, resisting	22	MS. CURRY:
23	cell death, enabling replicative"	23	Object to the form.
24	A Third line of you're in the abstract	24	A Sorry.
	Page 151		Page 153
1			Page 153
1 2	Page 151 or in the introduction? Q I'm in the sorry. I'm in the	1 2	
	or in the introduction?	1	Page 153 MS. THOMPSON:
2	or in the introduction? Q I'm in the sorry. I'm in the	1 2	Page 153 MS. THOMPSON: Q Are you familiar with Dr. Balkwill?
2	or in the introduction? Q I'm in the sorry. I'm in the abstract.	1 2 3	Page 153 MS. THOMPSON: Q Are you familiar with Dr. Balkwill? A We're done with this?
2 3 4	or in the introduction? Q I'm in the sorry. I'm in the abstract. A Okay.	1 2 3 4	Page 153 MS. THOMPSON: Q Are you familiar with Dr. Balkwill? A We're done with this? Q We're done with that.
2 3 4 5	or in the introduction? Q I'm in the sorry. I'm in the abstract. A Okay. Q It sort of seemed more like an	1 2 3 4 5	Page 153 MS. THOMPSON: Q Are you familiar with Dr. Balkwill? A We're done with this? Q We're done with that. A Fran? Fran Balkwill? Yes.
2 3 4 5 6	or in the introduction? Q I'm in the sorry. I'm in the abstract. A Okay. Q It sort of seemed more like an introduction than an abstract to me. So starting again. Talking about the hallmarks described in this paper, "They include sustaining	1 2 3 4 5 6	Page 153 MS. THOMPSON: Q Are you familiar with Dr. Balkwill? A We're done with this? Q We're done with that. A Fran? Fran Balkwill? Yes. Q And I believe you published with
2 3 4 5 6 7	or in the introduction? Q I'm in the sorry. I'm in the abstract. A Okay. Q It sort of seemed more like an introduction than an abstract to me. So starting again. Talking about the hallmarks described in	1 2 3 4 5 6 7	Page 153 MS. THOMPSON: Q Are you familiar with Dr. Balkwill? A We're done with this? Q We're done with that. A Fran? Fran Balkwill? Yes. Q And I believe you published with Dr. Balkwill? A I believe we're on two. I can't remember.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	or in the introduction? Q I'm in the sorry. I'm in the abstract. A Okay. Q It sort of seemed more like an introduction than an abstract to me. So starting again. Talking about the hallmarks described in this paper, "They include sustaining proliferative signalling, evading growth suppressors, resisting cell death, enabling replicative immortality, enduing angiogenesis, and activating invasin and metathesis. "Underlining these hallmarks are genome instability which generates the genetic diversity that expedites their acquisition and inflammation, which fosters multiple hallmark	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Page 153 MS. THOMPSON: Q Are you familiar with Dr. Balkwill? A We're done with this? Q We're done with that. A Fran? Fran Balkwill? Yes. Q And I believe you published with Dr. Balkwill? A I believe we're on two. I can't remember. Q And she is a well-renowned cancer biologist. Would you agree? A I would agree. MS. CURRY: Object to the form. (DEPOSITION EXHIBIT NUMBER 11 WAS MARKED FOR IDENTIFICATION.)
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39 (Pages 150 to 153)

	Page 154		Page 156
1	Q look through it. And this is also a	1	progression, and immunosuppression than they are
2	review article.	2	to mount an effective host antitumor response.
3	A Uh-huh.	3	Moreover cancer suscept susceptibility and
4	Q And and this article is in is in	4	severity may be associated with functional
5	The Lancet. Correct?	5	polymorphisms of inflammatory cytokine genes, and
6	A Correct.	6	deletion or inhibition of inflammatory cytokines,
7	Q And is we've already mentioned that	7	inhibits development of experimental cancer.
8	Dr. Balkwill is well regarded.	8	"If genetic damage is the 'match that
9	Is The Lancet a well-regarded journal?	9	lights the fire' of cancer, some types of
10	A Yes.	10	inflammation may provide the 'fuel that feeds the
11	MS. CURRY:	11	flames.'"
12	Object to the form.	12	That was a long passage, but do you
13	MS. THOMPSON:	13	generally agree with the statement by
14	Q Is it one of the most respected	14	Dr. Balkwill?
15	journals, would you say?	15	MS. CURRY:
16	MS. CURRY:	16	Object to the form.
17	Object to the form.	17	A I do.
18	A It's not as good as Cell.	18	MS. THOMPSON:
19	MS. THOMPSON:	19	Q And then look down on that same page to
20	Q Oh. I won't tell them you said that.	20	panel 1.
21	But, generally generally speaking	21	A Uh-huh.
22	A Yes.	22	Q And the title of that panel, for lack
23	 Q physicians and scientists would 	23	of better word, is "Some Associations Between
24	recognize The Lancet?	24	Inflammation and Cancer Risk." Right?
	D 155		
	Page 155		Page 157
1	Page 155 A It's well read it's well read and	1	Page 157 A 901 Got it
1 2	A It's well read it's well read and	1 2	A 901. Got it.
2	A It's well read it's well read and it's it has a substantial impact factor.	2	A 901. Got it. Q And under "Malignancy," it lists
2 3	A It's well read it's well read and it's it has a substantial impact factor. Q And we don't know in this situation	2 3	A 901. Got it. Q And under "Malignancy," it lists various types of cancer in which there's
2	A It's well read it's well read and it's it has a substantial impact factor. Q And we don't know in this situation whether Dr. Balkwill do you know	2	A 901. Got it. Q And under "Malignancy," it lists various types of cancer in which there's association between inflammation and cancer risk.
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40 (Pages 154 to 157)

them to say, okay, this has been studied epidemiologically and in other situations. So I sirks hard to tell. them to say, okay, this has been studied epidemiologically and in other situations. So I think. It has that she what you're grappling with. It's a review article. So these things show up. Dr. Balkwill and The Lancet would not include something in a review article for which there was no evidence? MS. CURRY: MS. CURRY: A Again, it depends on how they're 10 proposing it; that there has been there has there have been reports associating PID, tale there have been reports associating PID, tale there have been reports associating PID, tale there have been reports associating stathough that is probably the most reasonable but PID and tale as associated with a risk for ovarian the cancer. That's a true statement. I don't and the reason we're here today is because I reviewed that thereason we're here today is because I reviewed that the iterature and I don't believe the conclusion. But you could put it into review. That's that's he nature of a review article. We all put things in that we feel the reader needs to see to get a full understanding of science, but we don't necessarily we're not Page 159 Convinced. MS. THOMPSON: Well, but but back to my question, which I think was Dr. Balkwill and The Lancet would not have put this in with no evidence. MS. THOMPSON: Well, but but back to my question, which I think was Dr. Balkwill and The Lancet would not have put this in with no evidence. MS. THOMPSON: A Uh-huh. A 2001. Uh-huh, Yeah. Okay. A 2001. Which the would put something in that they did not believe there was any evidence to support? MS. THOMPSON: MS.		Page 158		Page 160
2	1	she may not feel really strongly about that. So	1	them to say, okay, this has been studied
4	2		2	
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41 (Pages 158 to 161)

	Page 162		Page 164
1	MS. THOMPSON:	1	A Where are you now?
2	Q Oh, there it is.	2	Q I'm turning to page 2, 1604 in the
3	(DEPOSITION EXHIBIT NUMBER 12	3	introduction section.
4	WAS MARKED FOR IDENTIFICATION.)	4	A Uh-huh.
5	MS. THOMPSON:	5	Q The second paragraph reads "Under a
6	Q Exhibit 12 is going to be another	6	sustained environmental stress, ROS R-O-S
7	article another review article by Dr. Reuter	7	are produced over a long time, and thus
8	and authors. Oh, we need to sorry. Make sure	8	significant damage may occur to cell structure
9	that's not my copy.	9	and functions and may induce somatic mutations
10	A This is mine?	10	and neoplastic transformation.
11	Q That's yours, yeah.	11	"Indeed, cancer initiation and
12	Are you familiar with the journal of	12	progression have been linked to oxidative stress
13	Free Radical Biology in Medicine?	13	by increasing DNA mutations or inducing DNA
14	A I am familiar. Not something I publish	14	damage, genome instability, and cell
15	in much.	15	proliferation."
16	Q And probably doesn't have quite the	16	Would you agree with that sentence in a
17	reputation of The Lancet or Cell?	17	general sense?
18	A I don't think so.	18	MS. CURRY:
19	Q But regardless, it's peer-reviewed.	19	Object to the form.
20	A Uh-huh.	20	A I'm just looking at the references.
21	Q Are you familiar with any of these	21	MS. THOMPSON:
22	authors?	22	Q And take a moment if you need to do
23	A Not firsthand. Aggarwal I may have	23	that.
24	heard about, but not, firsthand, no.	24	A Sure.
	Page 163		Page 165
1	Q And reading and the title of this	1	I think as a general statement, I
2	review article is "Oxidative stress,	2	wouldn't I would not disagree with that. I
3	inflammation, and cancer. How are they linked?"	3	think that's yeah.
4	Right?	4	Q Sorry.
5	A Correct.	5	A Go ahead.
6	Q Reading in the abstract, the last	6	0 4 1 1 1 1 1 1 1 2010
			Q And this article was published in 2010;
7	couple of sentences starting with "How oxidative	7	Q And this article was published in 2010; correct?
7 8	stress activates inflammatory pathways leading to	7 8	· · · · · · · · · · · · · · · · · · ·
			correct?
8	stress activates inflammatory pathways leading to	8	correct? A Correct.
8 9	stress activates inflammatory pathways leading to a transformation of a normal cell to tumor cell,	8 9	correct? A Correct. Q And looking at Table 2, a partial list
8 9 10	stress activates inflammatory pathways leading to a transformation of a normal cell to tumor cell, tumor cell survival, proliferation,	8 9 10	correct? A Correct. Q And looking at Table 2, a partial list of cancers that have been linked to reactive
8 9 10 11	stress activates inflammatory pathways leading to a transformation of a normal cell to tumor cell, tumor cell survival, proliferation, chemoresistance, radioresistance, invasion,	8 9 10 11	correct? A Correct. Q And looking at Table 2, a partial list of cancers that have been linked to reactive oxygen species, and under that list is ovarian
8 9 10 11 12	stress activates inflammatory pathways leading to a transformation of a normal cell to tumor cell, tumor cell survival, proliferation, chemoresistance, radioresistance, invasion, angiogenesis, and stem cell survival is the focus	8 9 10 11 12	correct? A Correct. Q And looking at Table 2, a partial list of cancers that have been linked to reactive oxygen species, and under that list is ovarian cancer.
8 9 10 11 12 13	stress activates inflammatory pathways leading to a transformation of a normal cell to tumor cell, tumor cell survival, proliferation, chemoresistance, radioresistance, invasion, angiogenesis, and stem cell survival is the focus of this review. Overall, observations to date	8 9 10 11 12 13	correct? A Correct. Q And looking at Table 2, a partial list of cancers that have been linked to reactive oxygen species, and under that list is ovarian cancer. Would you agree that in 2010 ovarian
8 9 10 11 12 13 14	stress activates inflammatory pathways leading to a transformation of a normal cell to tumor cell, tumor cell survival, proliferation, chemoresistance, radioresistance, invasion, angiogenesis, and stem cell survival is the focus of this review. Overall, observations to date suggest that oxidative stress, chronic	8 9 10 11 12 13 14	correct? A Correct. Q And looking at Table 2, a partial list of cancers that have been linked to reactive oxygen species, and under that list is ovarian cancer. Would you agree that in 2010 ovarian cancer had been linked to reactive oxygen
8 9 10 11 12 13 14 15	stress activates inflammatory pathways leading to a transformation of a normal cell to tumor cell, tumor cell survival, proliferation, chemoresistance, radioresistance, invasion, angiogenesis, and stem cell survival is the focus of this review. Overall, observations to date suggest that oxidative stress, chronic inflammation, and cancer are closely linked."	8 9 10 11 12 13 14 15	correct? A Correct. Q And looking at Table 2, a partial list of cancers that have been linked to reactive oxygen species, and under that list is ovarian cancer. Would you agree that in 2010 ovarian cancer had been linked to reactive oxygen species?
8 9 10 11 12 13 14 15	stress activates inflammatory pathways leading to a transformation of a normal cell to tumor cell, tumor cell survival, proliferation, chemoresistance, radioresistance, invasion, angiogenesis, and stem cell survival is the focus of this review. Overall, observations to date suggest that oxidative stress, chronic inflammation, and cancer are closely linked." Would you agree with that statement?	8 9 10 11 12 13 14 15 16	correct? A Correct. Q And looking at Table 2, a partial list of cancers that have been linked to reactive oxygen species, and under that list is ovarian cancer. Would you agree that in 2010 ovarian cancer had been linked to reactive oxygen species? MS. CURRY:
8 9 10 11 12 13 14 15 16	stress activates inflammatory pathways leading to a transformation of a normal cell to tumor cell, tumor cell survival, proliferation, chemoresistance, radioresistance, invasion, angiogenesis, and stem cell survival is the focus of this review. Overall, observations to date suggest that oxidative stress, chronic inflammation, and cancer are closely linked." Would you agree with that statement? MS. CURRY:	8 9 10 11 12 13 14 15 16 17	correct? A Correct. Q And looking at Table 2, a partial list of cancers that have been linked to reactive oxygen species, and under that list is ovarian cancer. Would you agree that in 2010 ovarian cancer had been linked to reactive oxygen species? MS. CURRY: Object to the form.
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8 9 10 11 12 13 14 15 16 17 18	stress activates inflammatory pathways leading to a transformation of a normal cell to tumor cell, tumor cell survival, proliferation, chemoresistance, radioresistance, invasion, angiogenesis, and stem cell survival is the focus of this review. Overall, observations to date suggest that oxidative stress, chronic inflammation, and cancer are closely linked." Would you agree with that statement? MS. CURRY: Object to the form. A Yes.	8 9 10 11 12 13 14 15 16 17 18	correct? A Correct. Q And looking at Table 2, a partial list of cancers that have been linked to reactive oxygen species, and under that list is ovarian cancer. Would you agree that in 2010 ovarian cancer had been linked to reactive oxygen species? MS. CURRY: Object to the form. A Yeah. This was a little more complicated in the sense I'm not sure why every
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8 9 10 11 12 13 14 15 16 17 18 19 20 21	stress activates inflammatory pathways leading to a transformation of a normal cell to tumor cell, tumor cell survival, proliferation, chemoresistance, radioresistance, invasion, angiogenesis, and stem cell survival is the focus of this review. Overall, observations to date suggest that oxidative stress, chronic inflammation, and cancer are closely linked." Would you agree with that statement? MS. CURRY: Object to the form. A Yes. MS. THOMPSON: Q In a general sense, in a review article? A Correct.	8 9 10 11 12 13 14 15 16 17 18 19 20 21	correct? A Correct. Q And looking at Table 2, a partial list of cancers that have been linked to reactive oxygen species, and under that list is ovarian cancer. Would you agree that in 2010 ovarian cancer had been linked to reactive oxygen species? MS. CURRY: Object to the form. A Yeah. This was a little more complicated in the sense I'm not sure why every case was not listed because reactive oxygen species are present in essentially every cell in
8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	stress activates inflammatory pathways leading to a transformation of a normal cell to tumor cell, tumor cell survival, proliferation, chemoresistance, radioresistance, invasion, angiogenesis, and stem cell survival is the focus of this review. Overall, observations to date suggest that oxidative stress, chronic inflammation, and cancer are closely linked." Would you agree with that statement? MS. CURRY: Object to the form. A Yes. MS. THOMPSON: Q In a general sense, in a review article?	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	correct? A Correct. Q And looking at Table 2, a partial list of cancers that have been linked to reactive oxygen species, and under that list is ovarian cancer. Would you agree that in 2010 ovarian cancer had been linked to reactive oxygen species? MS. CURRY: Object to the form. A Yeah. This was a little more complicated in the sense I'm not sure why every case was not listed because reactive oxygen species are present in essentially every cell in the body. So it's a it's an odd table in that

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	Page 166		Page 168
1	other cancers.	1	Object to the form.
2	And, then, too, what they reference is	2	A Oza and Vergote are Vergote is a
3	51, which is a really odd reference. "Loss of	3	surgeon and very much clinical. I don't think he
4	Mkp3 mediated by oxidative stress enhances tumor	4	does any work in the lab. Oza is developmental
5	genicity and chemoresistance of ovarian cancer	5	therapeutics clinical. Charlie is the scientist
6	cells."	6	here.
7	Hardly a paper I mean, I'm	7	MS. THOMPSON:
8	extrapolating the title. Hardly a paper that	8	Q Okay. And I think
9	would say that reactive oxygen species is	9	A Yeah.
10	critical to the development of ovarian cancer.	10	Q at least with this review article,
11	That's chemoresistance. That's that's at the	11	it was meant to address
12	end of natural history, so	12	A Everything.
13	MS. THOMPSON:	13	Q all all aspects
14		14	A Right.
15		15	_
16	peer-reviewed review article thought appropriate to list ovarian cancer under one of the cancers	l .	
		16	A And I think Stephanie works for Amit, I
17	that have been linked to reactive oxygen species;	17	think.
18	right?	18	Q So these are well-regarded
19	A It's there.	19	A Uh-huh.
20	(DEPOSITION EXHIBIT NUMBER 13	20	Q scientists and experts in ovarian
21	WAS MARKED FOR IDENTIFICATION.)	21	cancer. You would agree?
22	MS. THOMPSON:	22	MS. CURRY:
23	Q I'm marking as Exhibit 13 another	23	Object to the form.
24	review article from Lancet. This one, a little	24	A Yes.
	Page 167		Page 169
			rage 109
1	more current.	1	MS. THOMPSON:
1 2	more current. Have you seen this article. Dr. Birrer?	1 2	MS. THOMPSON:
2	Have you seen this article, Dr. Birrer?		MS. THOMPSON: Q And this is a review article, as we
2	Have you seen this article, Dr. Birrer? A I know the I know the authors, but I	2	MS. THOMPSON: Q And this is a review article, as we said, just published in Lancet within March
2 3 4	Have you seen this article, Dr. Birrer? A I know the I know the authors, but I haven't actually	2 3 4	MS. THOMPSON: Q And this is a review article, as we said, just published in Lancet within March 23rd, so within the last week.
2 3 4 5	Have you seen this article, Dr. Birrer? A I know the I know the authors, but I haven't actually Q Oh. Did I give you a highlighted	2	MS. THOMPSON: Q And this is a review article, as we said, just published in Lancet within March 23rd, so within the last week. Have you seen this article?
2 3 4 5 6	Have you seen this article, Dr. Birrer? A I know the I know the authors, but I haven't actually Q Oh. Did I give you a highlighted A I I don't think so.	2 3 4 5 6	MS. THOMPSON: Q And this is a review article, as we said, just published in Lancet within March 23rd, so within the last week. Have you seen this article? A This one?
2 3 4 5 6 7	Have you seen this article, Dr. Birrer? A I know the I know the authors, but I haven't actually Q Oh. Did I give you a highlighted A I I don't think so. Q Okay.	2 3 4 5 6 7	MS. THOMPSON: Q And this is a review article, as we said, just published in Lancet within March 23rd, so within the last week. Have you seen this article? A This one? Q Yes.
2 3 4 5 6 7 8	Have you seen this article, Dr. Birrer? A I know the I know the authors, but I haven't actually Q Oh. Did I give you a highlighted A I I don't think so. Q Okay. A It would be helpful if it was	2 3 4 5 6 7 8	MS. THOMPSON: Q And this is a review article, as we said, just published in Lancet within March 23rd, so within the last week. Have you seen this article? A This one? Q Yes. A No. Just the last week.
2 3 4 5 6 7 8 9	Have you seen this article, Dr. Birrer? A I know the I know the authors, but I haven't actually Q Oh. Did I give you a highlighted A I I don't think so. Q Okay. A It would be helpful if it was highlighted.	2 3 4 5 6 7 8	MS. THOMPSON: Q And this is a review article, as we said, just published in Lancet within March 23rd, so within the last week. Have you seen this article? A This one? Q Yes. A No. Just the last week. Q Let's look in the first section,
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2 3 4 5 6 7 8 9 10	Have you seen this article, Dr. Birrer? A I know the I know the authors, but I haven't actually Q Oh. Did I give you a highlighted A I I don't think so. Q Okay. A It would be helpful if it was highlighted. Q It would be helpful to me also. That's okay.	2 3 4 5 6 7 8 9 10	MS. THOMPSON: Q And this is a review article, as we said, just published in Lancet within March 23rd, so within the last week. Have you seen this article? A This one? Q Yes. A No. Just the last week. Q Let's look in the first section, Epidemiology and Risk Factors. And the last sentence, "Risk factors for EOC include the
2 3 4 5 6 7 8 9 10 11	Have you seen this article, Dr. Birrer? A I know the I know the authors, but I haven't actually Q Oh. Did I give you a highlighted A I I don't think so. Q Okay. A It would be helpful if it was highlighted. Q It would be helpful to me also. That's okay. And, in fact, these I think three of	2 3 4 5 6 7 8 9 10 11	MS. THOMPSON: Q And this is a review article, as we said, just published in Lancet within March 23rd, so within the last week. Have you seen this article? A This one? Q Yes. A No. Just the last week. Q Let's look in the first section, Epidemiology and Risk Factors. And the last sentence, "Risk factors for EOC include the number of lifetime of ovulations (absence of
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2 3 4 5 6 7 8 9 10 11 12 13 14	Have you seen this article, Dr. Birrer? A I know the I know the authors, but I haven't actually Q Oh. Did I give you a highlighted A I I don't think so. Q Okay. A It would be helpful if it was highlighted. Q It would be helpful to me also. That's okay. And, in fact, these I think three of the four authors you have published with. Does that sound right?	2 3 4 5 6 7 8 9 10 11 12 13 14	MS. THOMPSON: Q And this is a review article, as we said, just published in Lancet within March 23rd, so within the last week. Have you seen this article? A This one? Q Yes. A No. Just the last week. Q Let's look in the first section, Epidemiology and Risk Factors. And the last sentence, "Risk factors for EOC include the number of lifetime of ovulations (absence of pregnancy), early age of menarche and late age at menopause, family history of EOC, smoking, benign
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Have you seen this article, Dr. Birrer? A I know the I know the authors, but I haven't actually Q Oh. Did I give you a highlighted A I I don't think so. Q Okay. A It would be helpful if it was highlighted. Q It would be helpful to me also. That's okay. And, in fact, these I think three of the four authors you have published with. Does that sound right? A Ignace, Charlie, Amit, I know all of	2 3 4 5 6 7 8 9 10 11 12 13 14 15	MS. THOMPSON: Q And this is a review article, as we said, just published in Lancet within March 23rd, so within the last week. Have you seen this article? A This one? Q Yes. A No. Just the last week. Q Let's look in the first section, Epidemiology and Risk Factors. And the last sentence, "Risk factors for EOC include the number of lifetime of ovulations (absence of pregnancy), early age of menarche and late age at menopause, family history of EOC, smoking, benign gynecological conditions, including
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Have you seen this article, Dr. Birrer? A I know the I know the authors, but I haven't actually Q Oh. Did I give you a highlighted A I I don't think so. Q Okay. A It would be helpful if it was highlighted. Q It would be helpful to me also. That's okay. And, in fact, these I think three of the four authors you have published with. Does that sound right? A Ignace, Charlie, Amit, I know all of them. I don't know Stephanie. Q I think that was the one that I did not see on on your CV as one of your coauthors. And this review article and you would assume that well, we don't have to assume are Dr. Gourley, Dr. Vergote and Dr. Oza considered experts in the field of	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MS. THOMPSON: Q And this is a review article, as we said, just published in Lancet within March 23rd, so within the last week. Have you seen this article? A This one? Q Yes. A No. Just the last week. Q Let's look in the first section, Epidemiology and Risk Factors. And the last sentence, "Risk factors for EOC include the number of lifetime of ovulations (absence of pregnancy), early age of menarche and late age at menopause, family history of EOC, smoking, benign gynecological conditions, including endometriosis endometriosis, polycystic ovary disease and pelvic inflammatory disease, and potentially use of talcum powder." Would you agree that at least the authors thought that the use of talcum powder is potentially a risk factor for EOC? MS. CURRY:
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	Page 170		Page 172
1	think they're trying to be inclusive. And I	1	Q So the authors, if they were reporting
2	don't actually know that any of them believe	2	on the potential risk of talcum powder use in
3	that.	3	ovarian cancer chose to cite Penninkilampi as a
4	MS. THOMPSON:	4	source as the source for that information;
5	Q So would would they would they	5	correct?
6	have would it be the two options again, either	6	A They reference it.
7	they're wrong	7	Q And you would assume they would choose
8	A (Nods affirmatively.)	8	the most authoritative article that was available
9	Q or that they're just reporting on	9	in the literature?
10	what the literature states?	10	MS. CURRY:
11	A (Nods affirmatively.)	11	Object to the form.
12	MS. CURRY:	12	MS. THOMPSON:
13	Object to the form.	13	Q Wouldn't you?
14	A Yeah. I think it extends beyond	14	A I would not assume that.
15	talcum, too, to be honest with you. I don't I	15	Q You would assume they'd pick something
16	don't consider smoking to be a strong risk for	16	that wasn't as authoritative? There's something
17	ovarian cancer. And PID, I don't either.	17	else they could have picked?
18	So and I don't know of many of my	18	MS. CURRY:
19	I mean, we don't we don't want our patients	19	Object to the form.
20	smoking. But I don't know of many of the	20	A They may have they may have picked
21	gynecologic oncologists I work with who that's	21	that because it was one of the more recent
22	on their that's on their risk list.	22	meta-analyses, and so it was convenient. And
23	MS. THOMPSON:	23	it's flawed. We can go over if you'd like.
24	Q Even for mucinous?	24	MS. THOMPSON:
	Page 171		Page 173
1	A Well, now you're gonna get complicated	1	Q Well, I'm just saying these authors
2			
	on the because, you know, there are people that	2	picked that to to support the statement in
3	on me because, you know, there are people that don't think there are mucinous tumors of the	2 3	picked that to to support the statement in their review article in The Lancet that the use
	don't think there are mucinous tumors of the		their review article in The Lancet that the use
3		3	-
3 4	don't think there are mucinous tumors of the ovary. Bob Kirkman is one of them, and that is	3 4	their review article in The Lancet that the use of talcum powder is potentially a risk factor for ovarian cancer.
3 4 5	don't think there are mucinous tumors of the ovary. Bob Kirkman is one of them, and that is all GI.	3 4 5	their review article in The Lancet that the use of talcum powder is potentially a risk factor for ovarian cancer.
3 4 5 6 7	don't think there are mucinous tumors of the ovary. Bob Kirkman is one of them, and that is all GI. So I think I don't think it's all that relevant because it's such a rare tumor.	3 4 5 6	their review article in The Lancet that the use of talcum powder is potentially a risk factor for ovarian cancer. A Well, I would agree that they picked that reference. I disagree that that's because
3 4 5 6	don't think there are mucinous tumors of the ovary. Bob Kirkman is one of them, and that is all GI. So I think I don't think it's all that relevant because it's such a rare tumor.	3 4 5 6 7	their review article in The Lancet that the use of talcum powder is potentially a risk factor for ovarian cancer. A Well, I would agree that they picked
3 4 5 6 7 8	don't think there are mucinous tumors of the ovary. Bob Kirkman is one of them, and that is all GI. So I think I don't think it's all that relevant because it's such a rare tumor. Q And the citation for the reference	3 4 5 6 7 8	their review article in The Lancet that the use of talcum powder is potentially a risk factor for ovarian cancer. A Well, I would agree that they picked that reference. I disagree that that's because they thought it was the most authoritative
3 4 5 6 7 8 9	don't think there are mucinous tumors of the ovary. Bob Kirkman is one of them, and that is all GI. So I think I don't think it's all that relevant because it's such a rare tumor. Q And the citation for the reference that	3 4 5 6 7 8 9	their review article in The Lancet that the use of talcum powder is potentially a risk factor for ovarian cancer. A Well, I would agree that they picked that reference. I disagree that that's because they thought it was the most authoritative article. It is one of the more recent, and, so,
3 4 5 6 7 8 9	don't think there are mucinous tumors of the ovary. Bob Kirkman is one of them, and that is all GI. So I think I don't think it's all that relevant because it's such a rare tumor. Q And the citation for the reference that A 8?	3 4 5 6 7 8 9	their review article in The Lancet that the use of talcum powder is potentially a risk factor for ovarian cancer. A Well, I would agree that they picked that reference. I disagree that that's because they thought it was the most authoritative article. It is one of the more recent, and, so, therefore, a lot of the other papers would be
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3 4 5 6 7 8 9 10 11	don't think there are mucinous tumors of the ovary. Bob Kirkman is one of them, and that is all GI. So I think I don't think it's all that relevant because it's such a rare tumor. Q And the citation for the reference that A 8? Q a risk factor potentially would could be the use of talcum powder is the Penninkilampi meta-analysis; right?	3 4 5 6 7 8 9 10 11 12	their review article in The Lancet that the use of talcum powder is potentially a risk factor for ovarian cancer. A Well, I would agree that they picked that reference. I disagree that that's because they thought it was the most authoritative article. It is one of the more recent, and, so, therefore, a lot of the other papers would be included in it. So it's a convenient place to steer a reader.
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3 4 5 6 7 8 9 10 11 12 13 14	don't think there are mucinous tumors of the ovary. Bob Kirkman is one of them, and that is all GI. So I think I don't think it's all that relevant because it's such a rare tumor. Q And the citation for the reference that A 8? Q a risk factor potentially would could be the use of talcum powder is the Penninkilampi meta-analysis; right? A That's referenced in 8, yes. Q So at least the authors, the reviewers,	3 4 5 6 7 8 9 10 11 12 13 14 15	their review article in The Lancet that the use of talcum powder is potentially a risk factor for ovarian cancer. A Well, I would agree that they picked that reference. I disagree that that's because they thought it was the most authoritative article. It is one of the more recent, and, so, therefore, a lot of the other papers would be included in it. So it's a convenient place to steer a reader. Q Do you think they'd pick it if they thought it was flawed? MS. CURRY: Object to the form.
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3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	don't think there are mucinous tumors of the ovary. Bob Kirkman is one of them, and that is all GI. So I think I don't think it's all that relevant because it's such a rare tumor. Q And the citation for the reference that A 8? Q a risk factor potentially would could be the use of talcum powder is the Penninkilampi meta-analysis; right? A That's referenced in 8, yes. Q So at least the authors, the reviewers, the editors of the journal felt that the most authoritative source would be that Penninkilampi meta-analysis. Would you agree? MS. CURRY: Object to the form. A Say that again. I'm sorry.	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	their review article in The Lancet that the use of talcum powder is potentially a risk factor for ovarian cancer. A Well, I would agree that they picked that reference. I disagree that that's because they thought it was the most authoritative article. It is one of the more recent, and, so, therefore, a lot of the other papers would be included in it. So it's a convenient place to steer a reader. Q Do you think they'd pick it if they thought it was flawed? MS. CURRY: Object to the form. A Probably if if it was seriously flawed, I don't think they would have picked it. Yeah. MS. THOMPSON:

44 (Pages 170 to 173)

	Page 174		Page 176
1	Object to the form.	1	lunch?
2	A Again, it's a little bit having been	2	MS. CURRY:
3	involved in these processes, to be perfectly	3	We actually did order in lunch. I'm
4	frank, you get a review article with a review of	4	not sure if we if you want to take a quick
5	147 references, you're not gonna go through them	5	break, I can check on the estimated time of
6	all. So I don't know I can say with any	6	arrival.
7	authority that the reviewers looked at this and	7	MS. THOMPSON:
8	said, gee, they picked the one talc paper that is	8	Sure. Or we can just keep going until
9	really spectacular.	9	we get word. Whatever
10	MS. THOMPSON:	10	A Or we could just finish.
11	Q Okay. So there were but there	11	MR. MIZGALA:
12	there were no	12	I second that.
13	A The review, and and it's true for	13	MS. GARBER:
14	the editor too.	14	You guys keep going. I'll check.
15	Q Okay. So at least there were no red	15	MS. THOMPSON:
16	flags in front of the reviewers and the editor	16	Are you telling me you're not having
17	when they saw the Penninkilampi article cited for	17	fun? I think he liked the test.
18	that reference?	18	THE WITNESS:
19	MS. CURRY:	19	Yeah. It would have been nice to have
20	Object to the form.	20	the little box the little circles you could
21	A I	21	fill in. You know.
22	MS. THOMPSON:	22	MS. THOMPSON:
23	Q That would cause them to	23	And then I could just put it in the
24	A I don't know they noticed it.	24	computer.
	Page 175		Page 177
1	Q Okay. But the editors selected that	1	THE WITNESS:
2	article; correct?	2	No mumbling? Sorry.
3	MS. CURRY:	3	MS. CURRY:
4	Object to the form.	4	Okay. So the lunch, I was just told,
5	MS. THOMPSON:	5	is actually here. So it's up to you when you're
6	Q For whatever reason?	6	in a good breaking point.
7	A The	7 8	MS. THOMPSON:
8	Q The authors.		Dr. Birrer, do you want to take a break
9 10	A The authors selected it.	9	for lunch or do you want to go another 15 or 20
11	Q Sorry.	11	minutes? THE WITNESS:
12	A Not not the editors. Correct. Q Thank you. I meant to say authors.	12	
13	•	13	Going would be fine. MS. THOMPSON:
14	A And, again, I would just emphasize it says "potentially use of talcum powder."	14	
15		15	Q Okay. A Yeah.
16	Q That's right. A Okay.	16	Q Let's let's look at the IARC 93, the
17	·	17	one that
18	Q And at least in this statement, the reference to talcum powder as potentially a risk	18	A Uh-huh.
1 20	factor did not separate out the subtypes. It's	19	Q addresses the nonasbestiform talc.
19	TOWNER VINE INTERCEPT AND ALL OUT THE SHIPLY DESCRIPTION	1 +	
19 20		20	And furning to nage 777 in the expective dete
20	referring to EOC; correct?	20	And turning to page 277 in the exposure data
20 21	referring to EOC; correct? A I that's the way I would read it,	21	introduction
20 21 22	referring to EOC; correct? A I that's the way I would read it, right.	21 22	introduction A Uh-huh. Do you want to use mine?
20 21	referring to EOC; correct? A I that's the way I would read it,	21	introduction

45 (Pages 174 to 177)

	Page 178		Page 180
1	nonasbestiform talc?	1	was well, that there was limited evidence in
2	MS. CURRY:	2	humans for the carcinogenicity in peroneal use of
3	Object to the form.	3	talcum powder body product. Is that what IARC
4	MS. THOMPSON:	4	concluded?
5	Q Oh, there it is. And let's just read	5	A That's in 6.1, the second one. Yes.
6	along in that third paragraph.	6	Q Right.
7	A Okay.	7	And there is limited evidence in
8	Q "Asbestiform talc fibers are very long	8	experimental animals; right?
9	and thin and occur in parallel bundles that are	9	A 6.2. Yes.
10	easily separated from one another by hand	10	Q And in the rationale, the authors
11	pressure." And asbestos no. Just strike	11	state, third paragraph, "For peroneal use of
12	that.	12	talcum-based body power, many case-control
13	You're you're not an expert in the	13	studies of ovarian cancer found a modest but an
14	different types of asbestos or talc in its	14	unusually consistent excessive risk, although the
15	different	15	impact of bias and potential confounding could
16	A I'm learning	16	not be ruled out."
17	Q Are you?	17	Is is that your understanding of the
18	A I'm learning a lot.	18	conclusions?
19	Q I well, I don't want to ask those	19	A That's what they concluded.
20	questions to you later because then you'll be an	20	Q And
21	expert.	21	A We're done with IARC?
22	Let's let's go to the conclusions of	22	Q We're done with IARC.
23	IARC. We've already established that IARC used a	23	And you also looked at the Health
24	pretty extensive methodology in reaching their	24	Canada Assessment; right?
	Dama 170		Dama 101
1	Page 179	1	Page 181
1	conclusions; right?	1	A Yes.
2	MS. CURRY:	2	Q And we agreed that the methodology that
3	Object to the form.	3	Health Canada applied for for their
4	A Yes.	4	determination was also extensive; right?
5	MS. THOMPSON:	5	MS. CURRY:
6	Q And in your in your opinion, IARC	7	Object to the form.
7	got got it wrong; right?	1	A They were systematic and thorough. I
8	MS. CURRY:	8	think it was pretty complicated, yeah.
9	Object to the form.	9	MS. THOMPSON:
10	A I think the net and I let me just	10	Q And what's your understanding of the
11	summarize. I agree that they did a thorough sort	11	conclusions reached by the Health Canada?
12	of process here. In the end, what they	12	MS. CURRY:
13	concluded, I think, was was wrong. If I	13	Object to the form.
14	recall correctly, it's 2B.	14	MS. THOMPSON:
1 -		15	Q Scientists.
15	MS. THOMPSON:		
16	Q That's right.	16	A Well, they concluded that there was a
16 17	Q That's right.A Was the classification.	16 17	A Well, they concluded that there was a low risk of harm to the environment from talc.
16 17 18	Q That's right.A Was the classification.Q But 2B does not mean that it's not	16 17 18	A Well, they concluded that there was a low risk of harm to the environment from talc. Q Is that what you came away with?
16 17 18 19	Q That's right.A Was the classification.Q But 2B does not mean that it's not carcinogenic, does it?	16 17 18 19	A Well, they concluded that there was a low risk of harm to the environment from talc. Q Is that what you came away with? A Well, it was in the third paragraph.
16 17 18 19 20	 Q That's right. A Was the classification. Q But 2B does not mean that it's not carcinogenic, does it? A Means it's possible carcinogenic. I 	16 17 18 19 20	A Well, they concluded that there was a low risk of harm to the environment from talc. Q Is that what you came away with? A Well, it was in the third paragraph. So it was important to note that. But they did
16 17 18 19 20 21	 Q That's right. A Was the classification. Q But 2B does not mean that it's not carcinogenic, does it? A Means it's possible carcinogenic. I think that's by definition. 	16 17 18 19 20 21	A Well, they concluded that there was a low risk of harm to the environment from talc. Q Is that what you came away with? A Well, it was in the third paragraph. So it was important to note that. But they did conclude that talc meets one of the criteria.
16 17 18 19 20 21	 Q That's right. A Was the classification. Q But 2B does not mean that it's not carcinogenic, does it? A Means it's possible carcinogenic. I think that's by definition. Q Right. 	16 17 18 19 20 21 22	A Well, they concluded that there was a low risk of harm to the environment from talc. Q Is that what you came away with? A Well, it was in the third paragraph. So it was important to note that. But they did conclude that talc meets one of the criteria. That was Section 64. And so they concluded that
16 17 18 19 20 21	 Q That's right. A Was the classification. Q But 2B does not mean that it's not carcinogenic, does it? A Means it's possible carcinogenic. I think that's by definition. 	16 17 18 19 20 21	A Well, they concluded that there was a low risk of harm to the environment from talc. Q Is that what you came away with? A Well, it was in the third paragraph. So it was important to note that. But they did conclude that talc meets one of the criteria.

46 (Pages 178 to 181)

5 A In fact, the statement is "may 6 constitute a danger in Canada to health" 7 "human health" "human life or health." 7 antiperspirants and deodorants, body wipes, b. 8 Q And they also made the well, let's 9 read beginning on page little little 3, i 10 iii? 11 A I'm sorry. Where are you? 12 Q Little little roman numeral 3. 13 A Three? Yeah. 14 Q Is your understanding that the that 15 Health Canada found that the available data were 16 indicative of a causal effect? 17 A Where are you reading? 18 Q I was just asking you what your 19 understanding was. 20 MS. CURRY: 21 Discrete products, for example, body powder, diaper and rash creams, gentle antiperspirants and deodorants, body wipes, b. 25 beaby powder, diaper and rash creams, gentle antiperspirants and deodorants, body wipes, b. 26 baby powder, diaper and rash creams, gentle antiperspirants and deodorants, body wipes, b. 26 baby powder, diaper and rash creams, gentle antiperspirants and deodorants, body wipes, b. 26 baby powder, diaper and rash creams, gentle antiperspirants and deodorants, body wipes, b. 27 baby powder, diaper and rash creams, gentle antiperspirants and deodorants, body wipes, b. 28 baby powder, diaper and rash creams, gentle antiperspirants and deodorants, body wipes, b. 28 baby powder, diaper and rash creams, gentle antiperspirants and deodorants, body wipes, b. 29 babby powder, diaper and rash creams, gentle antiperspirants and deodorants, body wipes, b. 29 babby powder, diaper and rash creams, gentle antiperspirants and deodorants, body wipes, b. 29 babby powder, diaper and rash creams, gentle antiperspirants and deodorants, body wipes, b. 20 Correct? 21 A I agree with that. 22 Q And is it your opinion that Health and it is your opinion that		Page 182		Page 184
A Well, that's the way they quoted it. 4 Q And 5 A In fact, the statement is "may 6 constitute a danger in Canada to health" 7 "human health" "human life or health." 8 Q And they also made the well, let's 9 read beginning on page little little 3, i 10 iii? 11 A I'm sorry. Where are you? 12 Q Little little roman numeral 3. 13 A Three? Yeah. 14 Q Is your understanding that the that 15 Health Canada found that the available data were 16 indicative of a causal effect? 17 A Where are you reading? 18 Q I was just asking you what your 19 understanding was. 20 MS. CURRY: 21 Object to the form. 22 A I'm not sure that they actually found 23 causal effects. 24 MS. THOMPSON: 25 A Cye. 26 Cye. 27 A Yep. 28 Q Cye. Well, let's let's read 29 beginning the paragraph with "The 3 meta-analyses." 4 A Where are you? Oh, the yeah. 5 Q "The meta-analyses of the available 6 human studies in the peer-reviewed literature" 7 A Yep. 8 Q "indicate a statistically 9 significant positive association between perineal 10 exposure to tale and ovarian cancer. Further, 11 available data are indicative of a causal 12 effect." 13 A Uh-huh. 14 Q So they did 15 A (Nods affirmatively.) 16 Q determine that it was indicative of 17 a causal effect; right? 18 MS. CURRY: 19 Object to the form. 20 A That's what they said, yes. It's not 21 Page 183 22 MS. CURRY: 23 MS. CURRY: 24 MS. THOMPSON: 25 Or "The meta-analyses of the available 26 A Cy Code of the available 27 MS. CURRY: 28 MS. CURRY: 29 So they did 19 Object to the form. 29 A Cy Od of that the single cand are indicative of a causal 20 Page 183 21 Q O day undon't think that this is a situation where scientists can look at the same data and and make different conclusions? 29 A Cy Od on the same data and and make different conclusions? 20 A Object to the form. 21 MS. THOMPSON: 22 MS. THOMPSON: 23 MS. CURRY: 24 MS. THOMPSON: 25 MS. CURRY: 26 MS. THOMPSON: 27 MS. CURRY: 28 MS. THOMPSON: 29 MS. THOMPSON: 29 MS. THOMPSON: 20 MS. THOMPSON: 20 MS. THOMPSON	1	Q And do you think it was just to	1	Q executive summary.
4 Peroneal exposure to tale from the use of varie self-care products, for example, body powder, diaper and rash creams, gentle and part of the power	2	Canadians?	2	A Yeah. Uh-huh.
5 A In fact, the statement is "may constitute a danger in Canada to health" — 7 "human health" — "human life or health." 8 Q And they also made the — well, let's read beginning on page little — little 3, i — "been identified." 10 iii? 10 Correct? 11 A I'm sorry. Where are you? 11 A largee with that. 12 Q Little — little roman numeral 3. 13 A Three? Yeah. 13 Canada got it wrong also? 14 Q Is your understanding that the — that 15 Health Canada found that the available data were indicative of a causal effect? 16 Jobject to the form. 16 indicative of a causal effect? 17 A Where are you reading? 18 Q I was just asking you what your 19 understanding was. 19	3	A Well, that's the way they quoted it.	3	Q "Given that there is potential for
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Page 183 Page 183 Q Okay. Well, let's let's read beginning the paragraph with "The meta-analyses." A Where are you? Oh, the yeah. C "The meta-analyses of the available human studies in the peer-reviewed literature" A Yep. Significant positive association between perineal exposure to talc and ovarian cancer. Further, available data are indicative of a causal feffect." A Uh-huh. C So they did A (Nods affirmatively.) MS. CURRY: A Object to the form. C Object to the form.	22	A I'm not sure that they actually found	22	data to draw this conclusion. So, you know,
Page 183 Page 184 A Wh. Hompson: A Where are you? Oh, the yeah. A No. MS. CURRY: Object to the form. MS. THOMPSON: Page 1 MS. CURRY: Object to the form. Page 1 MS. THOMPSON: A No.	23	causal effects.	23	again, I think very much like IARC, I think they
1 Q Okay. Well, let's let's read 2 beginning the paragraph with "The 3 meta-analyses." 4 A Where are you? Oh, the yeah. 5 Q "The meta-analyses of the available 6 human studies in the peer-reviewed literature" 7 A Yep. 8 Q "indicate a statistically 9 significant positive association between perineal 10 exposure to tale and ovarian cancer. Further, 11 available data are indicative of a causal 12 effect." 13 A Uh-huh. 14 Q So they did 15 A (Nods affirmatively.) 16 Q determine that it was indicative of 17 a causal effect; right? 18 MS. CURRY: 19 Object to the form. 10 MS. THOMPSON: 2 Q And you don't think that this is a situation where scientists can look at the same data and and make different conclusions? 4 A No. MS. CURRY: 7 Object to the form. 8 MS. THOMPSON: 9 Q Do you have any reason to believe that the scientists who worked on this project were unreasonable? 11 unreasonable? 12 MS. CURRY: 13 Object to the form. 14 A Other than the fact they drew the wron conclusions? 15 A (Nods affirmatively.) 16 Q determine that it was indicative of 17 a causal effect; right? 18 MS. CURRY: 19 Object to the form. 19 Thompson: 19 WS. THOMPSON: 10 MS. CURRY: 11 Object to the form. 12 MS. CURRY: 13 Object to the form. 14 Object to the form. 15 A That's what they said, yes. It's not referenced, but 20 MS. THOMPSON: 21 Object to the form. 22 MS. THOMPSON:	24	MS. THOMPSON:	24	got it wrong.
1 Q Okay. Well, let's let's read 2 beginning the paragraph with "The 3 meta-analyses." 4 A Where are you? Oh, the yeah. 5 Q "The meta-analyses of the available 6 human studies in the peer-reviewed literature" 7 A Yep. 7 Q Do you have any reason to believe that 2 perfect." 9 significant positive association between perineal 10 exposure to talc and ovarian cancer. Further, 11 available data are indicative of a causal 12 effect." 13 A Uh-huh. 14 Q So they did 15 A (Nods affirmatively.) 16 Q determine that it was indicative of a causal effect; right? 18 MS. CURRY: 19 Object to the form. 10 data and and make different conclusions? 4 A No. 4 No. 5 A No. 6 MS. CURRY: 7 Object to the form. 8 MS. THOMPSON: 9 Q Do you have any reason to believe that the scientists who worked on this project were unreasonable? 10 unreasonable? 11 unreasonable? 12 MS. CURRY: 13 Object to the form. 14 A Other than the fact they drew the wron conclusion here, I know nothing else about the so 15 A (Nods affirmatively.) 16 Q determine that it was indicative of a causal effect; right? 17 MS. THOMPSON: 18 MS. CURRY: 19 Object to the form. 19 they were incompetent? 10 Object to the form. 20 A That's what they said, yes. It's not referenced, but 21 Object to the form. 22 A No.		Dama 102		Davis 105
beginning the paragraph with "The 3 meta-analyses." A Where are you? Oh, the yeah. 4 data and and make different conclusions? 5 Q "The meta-analyses of the available 5 A No. 6 human studies in the peer-reviewed literature" 6 MS. CURRY: 7 A Yep. 7 Object to the form. 8 MS. THOMPSON: 9 significant positive association between perineal 10 exposure to talc and ovarian cancer. Further, 11 available data are indicative of a causal 12 effect." 12 MS. CURRY: 13 A Uh-huh. 14 Q So they did 15 A (Nods affirmatively.) 15 conclusion here, I know nothing else about the 16 Q determine that it was indicative of a causal effect; right? 18 MS. CURRY: 19 Object to the form. 19 they were incompetent? 19 Object to the form. 19 they were incompetent? 10 MS. CURRY: 11 Object to the form. 12 MS. CURRY: 13 MS. CURRY: 14 Q You don't have any reason to believe the wron 15 A (Nods affirmatively.) 15 Conclusion here, I know nothing else about the 16 Q determine that it was indicative of 16 so 17 A causal effect; right? 18 Q You don't have any reason to believe 19 Object to the form. 19 they were incompetent? 19 MS. CURRY: 19 Object to the form. 10 MS. CURRY: 11 Object to the form. 11 Object to the form. 12 Object to the form. 12 Object to the form. 13 Object to the form. 14 Object to the form. 15 MS. CURRY: 16 Object to the form. 17 Object to the form. 18 MS. CURRY: 18 Object to the form. 19 Object to the	1		1	
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5 Q "The meta-analyses of the available 6 human studies in the peer-reviewed literature" 6 MS. CURRY: 7 A Yep. 7 Object to the form. 8 Q "indicate a statistically 8 MS. THOMPSON: 9 significant positive association between perineal 10 exposure to tale and ovarian cancer. Further, 11 available data are indicative of a causal 11 unreasonable? 12 effect." 12 MS. CURRY: 13 A Uh-huh. 13 Object to the form. 14 Q So they did 14 A Other than the fact they drew the wron 15 A (Nods affirmatively.) 15 conclusion here, I know nothing else about the 16 Q determine that it was indicative of 16 so 17 a causal effect; right? 17 MS. THOMPSON: 18 MS. CURRY: 18 Q You don't have any reason to believe 19 Object to the form. 19 they were incompetent? 19 Object to the form. 20 MS. CURRY: 21 referenced, but 22 MS. THOMPSON: 22 A No.		•		
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21 referenced, but 21 Object to the form. 22 MS. THOMPSON: 22 A No.		· · · · · · · · · · · · · · · · · · ·		
22 MS. THOMPSON: 22 A No.				
				- I
25 V Well, tills is tile 25 IVIS. 1 HOIVIP SOIN.				
24 A Yeah. 24 Q Do you have any reason to believe that				
21 1. Team.	27	11 I Can.		2 Do you have any reason to believe that

47 (Pages 182 to 185)

	Page 186		Page 188
1	they weren't good scientists?	1	A In terms of peer review, scientific
2	MS. CURRY:	2	peer review?
3	Object to the form.	3	Q Correct.
4	A I don't really have a lot of knowledge	4	A I can't say that definitively.
5	of them. If I could actually find the list of	5	Q If you'll look at the and the copy
6	individuals who made this decision I don't	6	that I'm looking at doesn't have page numbers, so
7	think it's published.	7	that's why it's I'm
8	MS. THOMPSON:	8	A Roughly.
9	Q And did you this was done under the	9	Q making it difficult.
10	auspices, I believe, of the Minister of Health.	10	But if you look at the big bold
11	A Uh-huh.	11	introduction that comes right after the synopsis,
12	Q You don't know the Minister of Health	12	it should be about the it may be the little
13	in Canada, do you?	13	numbers.
14	A I don't.	14	A Introduction?
15	Q Or know that he would or she would	15	Q Yeah.
16	not be competent?	16	And the very bottom of that page, I'm
17	MS. CURRY:	17	reading "The human health portion of this
18	Object to the form.	18	assessment has undergone external peer review
19	A I have no direct evidence for that.	19	and/or consultation?"
20	MS. THOMPSON:	20	Doesn't does the assessment, at
21	Q Do you take any issue with the weight	21	least, state that it underwent peer review and
22	of the evidence methodology that Health Canada	22	consultation?
23	applied?	23	A It states that. I don't quite I
24	A No.	24	don't honestly know what that means.
	Page 187		
1	Q Only that they came up with the wrong	1	Q Okay.
2	conclusion; right?	2	A And the public comment period, of
3	A Correct.	3	course, is just a governmental response.
4	Q And this assessment, like IARC, was	4	Q Do you know if Johnson & Johnson has
5	based on talc cosmetic-grade talc and not on	5	submitted comments to Health Canada?
6	potential impurities such as asbestos. Is that	6	MS. CURRY:
7	also your understanding?	7	Object to the form.
8	MS. CURRY:	8	A Not that I know of.
9	Object to the form.	9	MS. THOMPSON:
10	A That is my understanding. So, you	10	Q Have you submitted comments to Health
11	know, again, it's it's the same epi data. The	11	Canada
12	epi data is focused on talcum powder. So that	12	A No.
13	that applies here, too.	13	Q with your opinions?
14	MS. THOMPSON:	14	A No.
4		1 - 1	
		15	() Do you intend to submit any oninions to
15	Q And is it your understanding that the	15 16	Q Do you intend to submit any opinions to Health Canada?
15 16	Q And is it your understanding that the human health portion of the Health Canada	16	Health Canada?
15 16 17	Q And is it your understanding that the human health portion of the Health Canada assessment went through a peer-review process?	16 17	Health Canada? A I doubt it.
15 16 17 18	Q And is it your understanding that the human health portion of the Health Canada assessment went through a peer-review process? MS. CURRY:	16 17 18	Health Canada? A I doubt it. Q You are are you aware that talc used
15 16 17 18 19	Q And is it your understanding that the human health portion of the Health Canada assessment went through a peer-review process? MS. CURRY: Object to the form.	16 17 18 19	Health Canada? A I doubt it. Q You are are you aware that talc used as a dry powder lubricant on condoms was
15 16 17 18 19 20	Q And is it your understanding that the human health portion of the Health Canada assessment went through a peer-review process? MS. CURRY: Object to the form. MS. THOMPSON:	16 17 18 19 20	Health Canada? A I doubt it. Q You are are you aware that talc used as a dry powder lubricant on condoms was substituted with cornstarch in the 1990s?
15 16 17 18 19 20 21	Q And is it your understanding that the human health portion of the Health Canada assessment went through a peer-review process? MS. CURRY: Object to the form. MS. THOMPSON: Q With external reviewers.	16 17 18 19 20 21	Health Canada? A I doubt it. Q You are are you aware that talc used as a dry powder lubricant on condoms was substituted with cornstarch in the 1990s? A I believe I am familiar with that.
15 16 17 18 19 20 21 22	Q And is it your understanding that the human health portion of the Health Canada assessment went through a peer-review process? MS. CURRY: Object to the form. MS. THOMPSON: Q With external reviewers. A I didn't see that described.	16 17 18 19 20 21 22	Health Canada? A I doubt it. Q You are are you aware that talc used as a dry powder lubricant on condoms was substituted with cornstarch in the 1990s? A I believe I am familiar with that. Q Do you know why?
15 16 17 18 19 20 21	Q And is it your understanding that the human health portion of the Health Canada assessment went through a peer-review process? MS. CURRY: Object to the form. MS. THOMPSON: Q With external reviewers.	16 17 18 19 20 21	Health Canada? A I doubt it. Q You are are you aware that talc used as a dry powder lubricant on condoms was substituted with cornstarch in the 1990s? A I believe I am familiar with that.

48 (Pages 186 to 189)

	Page 190		Page 192
1	the practice of dusting diaphragms with talcum	1	Q Are you aware of the differences
2	powder was abandoned approximately the same time?	2	between cornstarch and talc?
3	MS. CURRY:	3	MS. CURRY:
4	Object to the form.	4	Object to the form.
5	A Yes.	5	A In terms of biochemical and physical
6	MS. THOMPSON:	6	differences?
7	Q Do you know why?	7	MS. THOMPSON:
8	A No.	8	Q Sure. Let's start there.
9	Q Was it for concerns about inflammatory	9	A Yeah. I don't think I can list them
10	and cancer effects?	10	all. But certainly cornstarch is a biologic
11	MS. CURRY:	11	agent, it's a carbohydrate, and talc is a
12	Object to the form.	12	mineral.
13	A Could have been. I don't can't	13	We've already talked a little bit about
14	quote that.	14	the size of particles in talcum powder and it's
15	MS. THOMPSON:	15	exceedingly variable. So it's a little hard to
16	Q Were you aware that FDA banned has	16	compare those two particles. But I would think
17	banned powder examination and surgical gloves?	17	that starch would be more homogeneous and of a
18	A Yes.	18	different size.
19	Q Do you know why?	19	And then, you know, biochemical
20	A That was based upon the concern about	20	differences are substantial. I mean, this is a
21	the generation of fibrosis.	21	carbohydrate, which can be broken down by certain
22	Q And other inflammatory processes in	22	enzymes, has, you know, a firm structure to it.
23	the in the peritoneal cavity?	23	Talc, as a mineral, forms suspensions.
24	MS. CURRY:	24	It is not soluble. Starch is more soluble. So
	Page 191		Page 193
1	Object to the form.	1	there's differences.
2	A I would define I would define that	2	Q So, in general terms, cornstarch would
3	as fibrosis, if not inflammatory.	3	typically be absorbed or metabolized by the body?
4	MS. THOMPSON:	4	MS. CURRY:
5	Q Do you consider granulomas an	5	Object to the form.
6	inflammatory response?	6	MS. THOMPSON:
7	A It's in the characterization of chronic	7	Q Would you agree?
8	inflammation, yes.	8	A Absorbed or there's it would
9	Q Are adhesions an inflammatory response?	9	certainly be more likely, I think, than a
10	A Not necessarily.	10	mineral, yeah.
11	Q And they would be an acute response	11	Q Whereas the mineral, once it's there,
12	if if they were caused by an inflammatory	12	is expected to remain there; correct?
13	reaction?	13	MS. CURRY:
14	MS. CURRY:	14	Object to the form.
15	Object to the form.	15	A It's a little hard to tell because then
16	A So adhesions are, you know, essentially	16	there are other mechanisms remove particulate
17	scar tissue and fibrosis. The etiology of it is	17	matters; right? So macrophages come along and
18	pretty broad. Some of it could be chronic	18	they phagocytize them. That macrophage then may
19	inflammation. Some of it could be acute	19	travel somewhere else and then essentially
20	inflammation. And I would not even rule out the	20	deposit it in a way that the mineral the
21	possibility that general wound healing would give	21	mineral particle could be removed. So so it's
22	rise to scar tissue. And that may not	22	a little bit complex.
23	necessarily fit the criteria of inflammation.	23	MS. THOMPSON:
24	MS. THOMPSON:	24	Q Can inhaled talc particles appear in
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49 (Pages 190 to 193)

	Page 194		Page 196
1	distant organs?	1	know that.
2	A So there is some data, I believe, in	2	Q So you know you we know that
3	animal studies that high concentrations of talc,	3	asbestos fibers can reach the peritoneal cavity;
4	either in the pleural cavity or in intratracheal	4	correct?
5	injections can end up in what	5	A Yes.
6	And I think I put them in the expert	6	Q And and let me just understand
7	report; for instance, the spleen.	7	you what you're opining today is that we just
8	Q And ovaries? Can they occur in the	8	don't know how they get there?
9	ovaries?	9	MS. CURRY:
10	A So if you look at the literature you	10	Object to the form.
11	know, and I went through in pretty big detail	11	A I don't know. So so I think one of
12	nobody's looked. So there's no reproductive	12	the hypotheses that after asbestos again,
13	organs in any of those studies. At least the	13	I'm not I wasn't asked to explore asbestos in
14	ones that I have looked at. So I don't think we	14	great detail. This is more my medical training
15	know, and I don't think we could assume that.	15	speaking.
16	Q Can talc fibers enter the peritoneal	16	But as people inhaled asbestos, these
17	cavity?	17	particles would work their way out into the
18	MS. CURRY:	18	pleural cavity
19	Object to the form.	19	MS. THOMPSON:
20	A Again, we're back to this mineral	20	Q So
21	structure, and I'm not going to be able to	21	A which is where they would do their
22	comment on that.	22	badness. And then, there is a hypothesis
23	MS. THOMPSON:	23	connection between the pleural cavity and the
24	Q And how about asbestos fibers?	24	peritoneal cavity.
	D 10F		D 107
1	Page 195	1	Page 197
1	A Well, asbestos exposure can, of course,	1	Q So direct penetration of the fiber
2	give rise to mesothelioma and can give rise to	2	through the pleura?
3	peritoneal mesotheliomas. So it's got to get	3	A The diaphragm's are pretty secure
4	there from somewhere.	4	structures, so it's a little bit I can't say,
5	Q Do you have an opinion as to whether	5	hey, here's the pathway. But that's the
6	asbestos fibers can get to the peritoneal cavity	6	supposition.
7	through peritoneal exposure and migration through	7	Q Okay.
8	the genital tract?	8	A Okay.
9	MS. CURRY:	9	Q Do you are you aware of any
10	Object to the form.	10	epidemiologic or other studies that have linked
11	A I don't have any data on that.	11	the use of perineal cornstarch with ovarian
12	MS. THOMPSON:	12	cancer?
13	Q So you have no opinion.	13	MS. CURRY:
14	A I would say analogous with the	14	Object to the form.
15	migration data that there's not a lot of evidence	15	A Perineal cornstarch with ovarian
	things are migrating retrograde. So and I	16	cancer?
16			
16 17	think although I don't think those experiments	17	MS. THOMPSON:
		17 18	
17 18	think although I don't think those experiments have been done with asbestos in mind and we	18	Q Correct. Let me phrase that
17 18 19	think although I don't think those experiments have been done with asbestos in mind and we know that asbestos can travel with high	18 19	Q Correct. Let me phrase that differently just so it's clear.
17 18 19 20	think although I don't think those experiments have been done with asbestos in mind and we know that asbestos can travel with high insulation [sic] you know, inhalation of	18 19 20	Q Correct. Let me phrase that differently just so it's clear.A Okay.
17 18 19 20 21	think although I don't think those experiments have been done with asbestos in mind and we know that asbestos can travel with high insulation [sic] you know, inhalation of asbestos can get in the pleural cavity. It gets	18 19 20 21	Q Correct. Let me phrase that differently just so it's clear.A Okay.Q Are you aware of any studies that link
17 18 19 20 21 22	think although I don't think those experiments have been done with asbestos in mind and we know that asbestos can travel with high insulation [sic] you know, inhalation of asbestos can get in the pleural cavity. It gets there from somewhere. It's got to be inside the	18 19 20 21 22	 Q Correct. Let me phrase that differently just so it's clear. A Okay. Q Are you aware of any studies that link the perineal use of cornstarch products with
17 18 19 20 21	think although I don't think those experiments have been done with asbestos in mind and we know that asbestos can travel with high insulation [sic] you know, inhalation of asbestos can get in the pleural cavity. It gets	18 19 20 21	Q Correct. Let me phrase that differently just so it's clear.A Okay.Q Are you aware of any studies that link

50 (Pages 194 to 197)

Object to the form. Therapeutically or just accidentally? S. THOMPSON: Um as a substitute for talcum wder. If a woman is using corn a mstarch-based perineal dusting powder, are you are of any studies that have linked that usage ovarian cancer? Not that I no. Do you agree that I might go ahead if go back to that that the FDA, mark it The letter? The letter. I know. But I don't have my stickers. S. THOMPSON: My fault; not yours. IE COURT REPORTER: Okay. S. THOMPSON: Shall we do another few just to get us lunch? IE COURT REPORTER: I forget what number we're on.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	summary on the following page, one, purpose and coverage of the final rule, and the last paragraph or the last sentence of the first paragraph says, "However, the use of powder on medical gloves presents numerous risks to patients and healthcare workers, including inflammation, granulomas and respiratory allergic reaction." Does that at least state what the FDA considers the reasons for the removal of talcum powder from surgical gloves? A Yes, it does. Q Are you aware that Health Canada determined that the migration of talc particles to the ovaries from perineal use was a plausible or is a plausible mechanism for the detection of talc in the ovaries? MS. CURRY: Object to the form. A I believe they did. You're MS. THOMPSON: Q And you do you disagree with the determination that Health Canada reached regarding the the migration of talc particles
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lunch? IE COURT REPORTER:	22 23	Q And you do you disagree with the determination that Health Canada reached
IE COURT REPORTER:	23	determination that Health Canada reached
	1	
i lorget what humber we're on.	21	regarding the the migration of tale particles
Page 199		Page 201
. THOMPSON:	1	to the ovaries being a plausible mechanism for
We're on	2	the detection of talc in ovaries?
S. EVERETT:	3	A Yes, I do.
14.	4	Q In your report, you state that the
. THOMPSON:	5	migration is contrary to basic anatomy and common
14.	6	sense, I believe.
(DEPOSITION NUMBER 14 WAS	7	Do you still hold that opinion?
MARKED FOR IDENTIFICATION.)	8	A Where are you reading? Back to my
S. THOMPSON:	9	report?
I'm going to go ahead and mark the FDA	10	Q I have to get your report out.
ouncement on the banning of of talcum	11	A Yeah. That's get that out there.
vder just so we can see what they actually did	12	Q His expert report.
about the reasons.	13	And in the under "Migration" on page
And	14	5, "Supposed Presence of Talc in Ovaries."
This is for gloves. For gloves.	15	A Ah. Okay. Yep.
gical gloves.	16	Q And Health Canada's conclusion was that
Examination and surgical gloves.	17	the migration of talc particles to the ovaries
~ ~	18	from perineal use is a plausible mechanism for
Yeah.	19	the detection of talc to the ovaries.
	20	But at least your opinion is that the
And just in the bottom part of the	21	presence of talc in the ovaries cannot be
And just in the bottom part of the nt-hand side of the first page, "Banned		•
And just in the bottom part of the nt-hand side of the first page, "Banned vices; Powdered Surgeon's Gloves, Powdered	22	explained by migration. Is that right?
And just in the bottom part of the nt-hand side of the first page, "Banned	22 23	explained by migration. Is that right? A Well, the studies that I looked at here
Ę	This is for gloves. For gloves. gical gloves. Examination and surgical gloves. Yeah. And just in the bottom part of the t-hand side of the first page, "Banned rices; Powdered Surgeon's Gloves, Powdered	This is for gloves. For gloves. gical gloves. Examination and surgical gloves. Yeah. And just in the bottom part of the t-hand side of the first page, "Banned 20

51 (Pages 198 to 201)

	Page 202		Page 204
1	ovary, and there were some control patients, I	1	A I think they were mystified and they
2	believe, with breast cancer where they looked at	2	tried to argue that the reason why they found
3	the ovary.	3	talc in everybody
4	And these these studies have been	4	MS. THOMPSON:
5	around for a while. I've reviewed them multiple	5	Q Dr. Birrer, sorry.
6	times, and they're just seriously flawed, from my	6	My question was: Do you know what the
7	perspective. So I don't know that you can	7	authors concluded?
8	conclude that. But these are these are just	8	A I'm saying it.
9	the studies that show the presence of talc in	9	Q That's "yes" or "no."
10	specimens. It's not the next line of evidence,	10	A Oh.
11	which is actual variety of human human	11	Q Do you know what the authors concluded?
12	experiments, if you will, which are also	12	MS. CURRY:
13	seriously flawed.	13	Object to the form.
14	So, you know, I essentially reviewed	14	A Yes.
15	all of that and came to the conclusion you can't	15	MS. THOMPSON:
16	conclude anything. There's no convincing data.	16	Q What did the authors conclude?
17	Health Canada came to a different conclusion.	17	A So I think they were mystified. And
18	Q And is that because Health Canada got	18	so
19	it wrong again, or is that because scientists can	19	Q No. Did the authors where do you
20	come to different conclusions when reviewing the	20	see in the paper that the authors were mystified?
21	same data?	21	A Because
22	MS. CURRY:	22	MS. CURRY:
23	Object to the form.	23	Let him finish and don't cut him off.
24	A Based on my review on this, they got it	24	MS. THOMPSON:
	Page 203		Page 205
1	wrong.	1	Not when he's not answering my
2	MS. THOMPSON:	2	question.
3	Q Regarding the Heller paper	3	THE WITNESS:
4	A Uh-huh.	4	Well, I
5	Q let's just go back to your report.	5	MS. CURRY:
6	Do you know what the Heller authors	6	He's trying to answer it. You keep
7	concluded from their study?	7	cutting him off at every word.
8	MS. CURRY:	8	MS. THOMPSON:
9	Object to the form.	9	I asked where in the paper did the
10	A Do you	10	authors say they were mystified, and he needs to
11	MS. THOMPSON:	11	explain that.
12	Q This is the paper regarding the talc	12	MS. CURRY:
13	presence in	13	You haven't even marked the paper. You
14	A Right.	14	are asking him based on his expert report, and
15	Q ovaries from the Heller paper.	15	he's
16	MS. CURRY:	16	MS. THOMPSON:
17	Object to the form.	17	I didn't ask him on the basis of his
18	A So just to summarize real quick	18	expert report. I asked him on the basis of his
i í	MS. THOMPSON:	19	knowledge.
19		20	I'll mark the Heller paper 15.
19 20	Q No. Not asking that question.	20	F-F
19 20 21	Do you know what the Heller authors	21	(DEPOSITION EXHIBIT NUMBER 15 WAS
19 20 21 22	Do you know what the Heller authors concluded on the basis of their study?		
19 20 21	Do you know what the Heller authors	21	(DEPOSITION EXHIBIT NUMBER 15 WAS

52 (Pages 202 to 205)

1 the authors were mystified? Yes or no? 2 A I think they were confused by the lack 3 of association. 4 Q Do you see where the authors were 5 mystified? 5 mystified? 6 MS. CURRY: 6 MS. THOMPSON: 9 Q There's nowhere where the authors say 10 they were mystified, is there, Dr. Birrer? 11 MS. CURRY: 12 Object to the form. 13 MS. THOMPSON: 14 Q I'll withdraw the question. 15 A Okay. 16 Q Let's just go to the conclusions. 17 "Conclusions: The detection of talc in 18 all ovaries demonstrates that it can reach the 19 upper genital tract." 20 Is that your opinion? 2 A Say that again. 3 Q It's not that scientists can come to 4 different conclusions. It's that the 12 expe 4 who state the same conclusions as the auth 4 the paper are wrong and you're right? 7 MS. CURRY: 10 Q Is that a correct statement? 11 A Correct. 12 Q One of your criticisms of the Cran 13 paper from 2007 that detected talc in lymp 4 was that it was a case report; correct? 16 Q Let's just go to the conclusions. 16 Q And you've published with Dr. Cra 17 "Conclusions: The detection of talc in 18 all ovaries demonstrates that it can reach the 19 upper genital tract." 20 Is that what the authors of the Heller 21 paper conclude? 22 A Yes. 23 Q And yet you're critical of the 24 plaintiffs' experts because they conclude the Page 207 Page 207 Page 207 Page 207 Page 30 MS. CURRY: 3 MS. CURRY: 4 Object to the form. 5 MS. THOMPSON: 5 Q The lead author is McDonald, but fro 6 Cramer's lab 7 A I have seen it. 8 Q and Welch. You've seen it?	
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3 MS. CURRY: 4 Object to the form. 5 MS. THOMPSON: 6 Q In fact, I well, go ahead and 7 answer. 3 Q Same authors. 4 A So Dr. Cramer 5 Q The lead author is McDonald, but from the company of the com	
5 MS. THOMPSON: 6 Q In fact, I well, go ahead and 7 answer. 5 Q The lead author is McDonald, but from the company of the co	
6 Q In fact, I well, go ahead and 6 Cramer's lab 7 answer. 7 A I have seen it.	
7 answer. 7 A I have seen it.	m
3110 // 411	
8 A Well, I'm critical of the paper and the 8 Q and Welch. You've seen it?	
9 experts who agreed with it. 9 A Uh-huh.	
10 Q And I I think there were no fewer 10 Q And is it your understanding that the	
than 12 experts that you think were wrong on 11 authors I'll mark the McDonald paper Exl	iibit
12 this; right? 12 16.	
13 MS. CURRY: 13 (DEPOSITION EXHIBIT NUMBER	
14 Object to the form. 14 MARKED FOR IDENTIFICATION.)
15 A If that's the number of experts that 15 MS. THOMPSON:	
16 agreed to it, then, yeah. I agree on that.	
17 MS. THOMPSON: 17 authors specifically controlled for any	
18 Q And it's not that scientists can come 18 possibility of contamination?	
19 to different conclusions. It's that 12 experts 19 MS. CURRY:	
20 who state the same conclusions as the authors of 20 Object to the form.	
21 the paper are wrong and you're right? 21 A No. That's not my understanding.	
22 MS. CURRY: 22 MS. THOMPSON:	
23 Object to the form. 23 Q Well, it's in the abstract, if we can	
24 MS. THOMPSON: 24 get delve deeper if we need to. The author	***

53 (Pages 206 to 209)

2 fi 3 m 4 Ii 5 a 6 a 7 si	said that since talc can be a surface contaminant from tissue collection preparation, digestion measurements may be influenced by contamination. Instead, because they preserve anatomic landmarks	1 2 3	MS. CURRY: Object to the form.
3 m 4 II 5 a 6 a 7 si 8 ly	measurements may be influenced by contamination.		-
3 m 4 II 5 a 6 a 7 si 8 ly	measurements may be influenced by contamination.	3	-
4 II 5 a 6 a 7 si 8 ly			A So they they observe they observe
5 a 6 a 7 si 8 ly		4	large amounts of contamination. They argue that
6 a. 7 si 8 ly	and permit identification of particles in cells	5	with their technology, they can tell whether some
7 si 8 ly	and tissues polarized light microscopy and in	6	is surface and some is internal, in lymph nodes.
-	situ SEM-EDX are recommended to assess talc in	7	MS. THOMPSON:
_	ymph nodes.	8	Q And they determined that some was
	And that's the methodology that the	9	internal; right?
10 a	authors, the researchers, performed to assure	10	A I believe so.
11 tl	themselves that this finding was not due to	11	Q Probably have another, what, five
	contamination; right?	12	minutes and then lunch, or I can do it after we
	MS. CURRY:	13	come back.
14	Object to the form.	14	MS. CURRY:
15 A	A You are reading correctly.	15	Is that okay with you?
16 N	MS. THOMPSON:	16	A That's okay.
17 Ç	Q I didn't even read that.	17	MS. CURRY:
	A Oh.	18	Is that okay with the court reporter?
19 Ç	Q I came up with that	19	THE COURT REPORTER:
20 A	A Oh. I thought you were looking at the	20	That's fine. Yes.
21 p	paper.	21	THE WITNESS:
22 Ç	Q Well, I must be right, then.	22	You all right? I'll stop mumbling.
23 A	A I mean, they they observe I read	23	MS. THOMPSON:
24 tł	his I'll read it. "In conclusion, talc	24	Q Okay. I want to go over just a few of
	Page 211		Page 213
1 (contamination in the surface of surgical	1	your criticisms of plaintiffs' experts. And
2 1	pathology specimens of is common."	2	let's start with Dr. Clarke-Pearson. I believe
3	Q Except and I didn't have a question	3	that you have met Dr. Clarke-Pearson and know him
4	on the table.	4	by reputation, at least; correct?
5 .	A Okay.	5	A I have.
6	Q So I'll object to that as being	6	Q He's a past president, I believe, of
7 1	nonresponsive to a question.	7	SGO; correct?
8	Except the whole purpose of this study	8	A Correct.
	was to, number one, expand on the case report	9	Q And department chair at University of
10 1	that was published earlier; right?	10	North Carolina, recently retired; correct?
11	MS. CURRY:	11	A Correct.
12	Object to the form.	12	Q And and you actually wrote the
	A I don't see that. It's another study.	13	criticism here of Dr. Clarke-Pearson?
	MS. THOMPSON:	14	A Correct.
	Q Okay.	15	Q And that's your language?
	A Yeah.	16	A Uh-huh.
	Q But this had a series of 22 cases;	17	Q Okay. Let's just read through that.
	right?	18	"Dr. Clarke-Pearson analogizes to the migration
	A Twenty-two cases, correct.	19	of sperm" and this is considering the
	Q And and the authors concluded that	20	migration of talc particles "into tubes after
21 1	by by using the techniques that they used in	21	coitus. It is rather surprising to hear this
	this pap in this paper, they could confirm	22	from a gynecological oncologist."
22 1			
22 1 23 1	that the the talc in the lymph nodes was not surface contamination. Right?	23 24	Did you look at Dr. Clarke-Pearson's references?

54 (Pages 210 to 213)

	Page 214		Page 216
1	A I looked at his expert report.	1	A Are they dead dead or
2	Q Including his references?	2	Q Do you think dead sperm may be motile?
3	A I probably would have paged through it,	3	Do you know any too much about reproductive
4	yeah. Yep.	4	physiology?
5	Q "The obvious difficulty with this line	5	MS. CURRY:
6	of reasoning is the fact that spermatozoa are	6	Object to the form.
7	motile and have evolved under millions of years	7	A A fair amount, yeah.
8	to be able to migrate under their own control to	8	MS. THOMPSON:
9	increase the potential to fertilize the egg.	9	Q And you don't know whether dead sperm
10	This mode of transport is not consistent with a	10	would be motile or not?
11	talc particle."	11	A So how are you defining that?
12	Did you look at Dr. Pearson's citation	12	They're they're they've decayed? They're
13	that describes the movement of dead sperm and	13	broken down
14	talc particles through that upper genital tract?	14	Q Yes.
15	MS. CURRY:	15	A or the flagella is not moving?
16	Object to the form.	16	Q The flagella is not moving in a dead
17	A Yeah. I didn't see the I didn't see	17	sperm.
18	the reference on dead sperm. But	18	A Okay.
19	MS. THOMPSON:	19	Q Is it?
20	Q If if there was a reference that	20	A I guess as you are specifically
21	dead sperm moved through and moved through quite	21	defining
22	easily, then your statement that it's not	22	Q Are you arguing me with me?
23	analogous because spermatozoa are motile is	23	A Can I answer?
24	incorrect, isn't it?	24	MS. CURRY:
	Page 215		Page 217
1	MS. CURRY:	1	I'm sorry. You can each just take
2	Object to the form.		
	Object to the form.	2	turns. Just please let her get her question out.
3	A Well, I have to see the paper, and I	2 3	turns. Just please let her get her question out. MS. THOMPSON:
3	A Well, I have to see the paper, and I	3	MS. THOMPSON:
3 4	A Well, I have to see the paper, and I don't know the details.	3 4	MS. THOMPSON: Q Do you not know whether dead sperm
3 4 5	A Well, I have to see the paper, and I don't know the details. MS. THOMPSON:	3 4 5	MS. THOMPSON: Q Do you not know whether dead sperm would be motile or not?
3 4 5 6	 A Well, I have to see the paper, and I don't know the details. MS. THOMPSON: Q Assume with me that there is evidence 	3 4 5 6	MS. THOMPSON: Q Do you not know whether dead sperm would be motile or not? A I would think most of the time they would not be motile.
3 4 5 6 7	A Well, I have to see the paper, and I don't know the details. MS. THOMPSON: Q Assume with me that there is evidence published in the peer-reviewed literature that	3 4 5 6 7	MS. THOMPSON: Q Do you not know whether dead sperm would be motile or not? A I would think most of the time they would not be motile.
3 4 5 6 7 8	A Well, I have to see the paper, and I don't know the details. MS. THOMPSON: Q Assume with me that there is evidence published in the peer-reviewed literature that dead sperm and sperm particles move through the	3 4 5 6 7 8	MS. THOMPSON: Q Do you not know whether dead sperm would be motile or not? A I would think most of the time they would not be motile. Q Okay. And would you agree that a sperm
3 4 5 6 7 8 9	A Well, I have to see the paper, and I don't know the details. MS. THOMPSON: Q Assume with me that there is evidence published in the peer-reviewed literature that dead sperm and sperm particles move through the upper genital tract, then your statement that	3 4 5 6 7 8 9	MS. THOMPSON: Q Do you not know whether dead sperm would be motile or not? A I would think most of the time they would not be motile. Q Okay. And would you agree that a sperm particle for example, if the flagellum is
3 4 5 6 7 8 9	A Well, I have to see the paper, and I don't know the details. MS. THOMPSON: Q Assume with me that there is evidence published in the peer-reviewed literature that dead sperm and sperm particles move through the upper genital tract, then your statement that it's not analogous because spermatozoa are motile	3 4 5 6 7 8 9	MS. THOMPSON: Q Do you not know whether dead sperm would be motile or not? A I would think most of the time they would not be motile. Q Okay. And would you agree that a sperm particle for example, if the flagellum is broken off, would you agree that would not be
3 4 5 6 7 8 9 10	A Well, I have to see the paper, and I don't know the details. MS. THOMPSON: Q Assume with me that there is evidence published in the peer-reviewed literature that dead sperm and sperm particles move through the upper genital tract, then your statement that it's not analogous because spermatozoa are motile would be incorrect; right?	3 4 5 6 7 8 9 10	MS. THOMPSON: Q Do you not know whether dead sperm would be motile or not? A I would think most of the time they would not be motile. Q Okay. And would you agree that a sperm particle for example, if the flagellum is broken off, would you agree that would not be motile, a sperm particle?
3 4 5 6 7 8 9 10 11	A Well, I have to see the paper, and I don't know the details. MS. THOMPSON: Q Assume with me that there is evidence published in the peer-reviewed literature that dead sperm and sperm particles move through the upper genital tract, then your statement that it's not analogous because spermatozoa are motile would be incorrect; right? MS. CURRY:	3 4 5 6 7 8 9 10 11 12	MS. THOMPSON: Q Do you not know whether dead sperm would be motile or not? A I would think most of the time they would not be motile. Q Okay. And would you agree that a sperm particle for example, if the flagellum is broken off, would you agree that would not be motile, a sperm particle? MS. CURRY:
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3 4 5 6 7 8 9 10 11 12 13 14	A Well, I have to see the paper, and I don't know the details. MS. THOMPSON: Q Assume with me that there is evidence published in the peer-reviewed literature that dead sperm and sperm particles move through the upper genital tract, then your statement that it's not analogous because spermatozoa are motile would be incorrect; right? MS. CURRY: Object to the form. A So these sperm would be put on the perineum like a dusting?	3 4 5 6 7 8 9 10 11 12 13 14 15	MS. THOMPSON: Q Do you not know whether dead sperm would be motile or not? A I would think most of the time they would not be motile. Q Okay. And would you agree that a sperm particle for example, if the flagellum is broken off, would you agree that would not be motile, a sperm particle? MS. CURRY: Object to the form. A Motile, moving under its own MS. THOMPSON:
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3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A Well, I have to see the paper, and I don't know the details. MS. THOMPSON: Q Assume with me that there is evidence published in the peer-reviewed literature that dead sperm and sperm particles move through the upper genital tract, then your statement that it's not analogous because spermatozoa are motile would be incorrect; right? MS. CURRY: Object to the form. A So these sperm would be put on the perineum like a dusting? MS. THOMPSON: Q No.	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	MS. THOMPSON: Q Do you not know whether dead sperm would be motile or not? A I would think most of the time they would not be motile. Q Okay. And would you agree that a sperm particle for example, if the flagellum is broken off, would you agree that would not be motile, a sperm particle? MS. CURRY: Object to the form. A Motile, moving under its own MS. THOMPSON: Q Moving on its own. A Yeah. I think it's unlikely.
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3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A Well, I have to see the paper, and I don't know the details. MS. THOMPSON: Q Assume with me that there is evidence published in the peer-reviewed literature that dead sperm and sperm particles move through the upper genital tract, then your statement that it's not analogous because spermatozoa are motile would be incorrect; right? MS. CURRY: Object to the form. A So these sperm would be put on the perineum like a dusting? MS. THOMPSON: Q No. A Okay. Q I'm just saying it's your statement	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	MS. THOMPSON: Q Do you not know whether dead sperm would be motile or not? A I would think most of the time they would not be motile. Q Okay. And would you agree that a sperm particle for example, if the flagellum is broken off, would you agree that would not be motile, a sperm particle? MS. CURRY: Object to the form. A Motile, moving under its own MS. THOMPSON: Q Moving on its own. A Yeah. I think it's unlikely. Q Do you know the size of the head of a sperm?
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3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A Well, I have to see the paper, and I don't know the details. MS. THOMPSON: Q Assume with me that there is evidence published in the peer-reviewed literature that dead sperm and sperm particles move through the upper genital tract, then your statement that it's not analogous because spermatozoa are motile would be incorrect; right? MS. CURRY: Object to the form. A So these sperm would be put on the perineum like a dusting? MS. THOMPSON: Q No. A Okay. Q I'm just saying it's your statement that that is the reason would be incorrect. A I so	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MS. THOMPSON: Q Do you not know whether dead sperm would be motile or not? A I would think most of the time they would not be motile. Q Okay. And would you agree that a sperm particle for example, if the flagellum is broken off, would you agree that would not be motile, a sperm particle? MS. CURRY: Object to the form. A Motile, moving under its own MS. THOMPSON: Q Moving on its own. A Yeah. I think it's unlikely. Q Do you know the size of the head of a sperm? A No.

55 (Pages 214 to 217)

	Page 218		Page 220
1	particle. If your reason for saying that opinion	1	Object to the form.
2	is incorrect is that sperm are motile, then that	2	A Yeah, I don't know what
3	reasoning is incorrect, isn't it?	3	MS. THOMPSON:
4	MS. CURRY:	4	Q Those are your words. Are
5	Object to the form.	5	Dr. Clarke-Pearson's opinions contrary to
6	A Well, I think in the way it's expressed	6	knowledge of basic anatomy?
7	here, that, obviously, it doesn't mean I mean,	7	MS. CURRY:
8	it makes no sense to apply to spermatozoa, which	8	Object to the form.
9	are mobile. But if you're telling me there's a	9	A Where are you reading?
10	reference for dead sperm, then the question	10	MS. THOMPSON:
11	becomes what's in that reference? So these	11	Q Well, for right now I was just in the
12	MS. THOMPSON:	12	first paragraph of "Hypothesized migration of
13	Q Okay.	13	tale to ovaries."
14	A dead sperm were deposited into the	14	A What page? Is it on my report?
15	uterus after coitus and	15	Q Page 7.
16	Q We're just talking we're not talking	16	A Okay.
17	about coitus.	17	Oh. So you're relating that statement
18	Is it plausible to you	18	to Clarke-Pearson?
19		19	
20	3	20	The state of the s
	Q that a woman who has talcum on her	21	experts have have a theory that's contrary to
21 22	perineum A Uh-huh.		basic anatomy and common sense.
23		22	A No. What that refers to, I think, is
	Q could have coitus and the talcum	23	the fact that you're putting you're dusting
24	powder on the perineum could be placed in the	24	the perineum many times, most of the times, in a
	Page 219		Page 221
1	vagina forcefully? Is that plausible?	1	woman who's vertical, and this concept is that
2	A I don't have any data on that.	2	somehow that talc and dust essentially ascends
3	Q Do you have to have data to say whether	3	into the ovary. And I think that more often than
4	or not that's plausible?	4	not lacks common sense and basic anatomy because
5	A I am a scientist.	5	of what I just said.
6	Q Well, maybe take off your scientist	6	Now, if you want to go through each
7	hat. Is it plausible that a woman who has talcum	7	individual study, I'm happy to do that because
8	powder on her perineum and has sex, that the	8	there are methodologic flaws in them. But that
9	talcum powder could be forced into the vagina?	9	statement does not relate directly to
10	MS. CURRY:	10	Dr. Clarke-Pearson. If it did, it would be under
11	Object to the form.	11	his name.
12	MS. THOMPSON:	12	Q But you talk generally about
13	Q Is it plausible?	13	plaintiffs' experts, too. And do you think that
14	A Sexual intercourse?	14	you have a better understanding of female anatomy
15	Q Sexual intercourse, yes.	15	than Dr. Clarke-Pearson?
16	A Yes. Just getting specifics.	16	MS. CURRY:
17	Yeah. I mean, I I think the way	17	Object to the form.
18	you're hypothesizing it, I suppose there's a	18	A Dr. Clarke-Pearson's pretty good with
19	possibility.	19	female anatomy.
20	Q So if those things are possible and	20	MS. THOMPSON:
21	plausible, then you really don't think	21	Q Do you think you have a better
22	Dr. Clarke-Pearson's opinions are unreasonable	22	understanding than Dr. Clarke-Pearson of female
	±	1	
23	and and are contrary to basic anatomy, do you?	23	reproductive physiology?
	and and are contrary to basic anatomy, do you? MS. CURRY:	23 24	reproductive physiology? MS. CURRY:

56 (Pages 218 to 221)

	Page 222		Page 224
1	Object to the form.	1	Q Do you think he would know it, what's
2	A No. I think he would be more versed in	2	published in literature?
3	that.	3	MS. CURRY:
4	MS. THOMPSON:	4	Object to the form.
5	Q And and you've just testified that	5	A He might.
6	we're not just talking about a woman standing up	6	MS. THOMPSON:
7	and putting dusting powder and the ascension. We	7	Q So you're certainly not opining today
8	are talking about the possibility, in your words,	8	that you have a better understanding than
9	that powder could be on the perineum and	9	Dr. Clarke-Pearson of materials that can travel
10	introduced in the vagina forcefully with sexual	10	retrograde through the upper genital tract, do
11	intercourse; right?	11	you?
12	A Well, yes	12	MS. CURRY:
13	MS. CURRY:	13	Object to the form.
14	Object to the form.	14	A Oh, I disagree with that.
15	A We just had that conversation. I mean,	15	MS. THOMPSON:
16	again, it's hypothetical. Yeah.	16	Q You think you do have a better
17	MS. THOMPSON:	17	understanding than Dr. Clarke-Pearson regarding
18	Q Okay. Agreed. I mean, I agree that's	18	whether or not particles can travel through the
19	your opinion.	19	upper genital tract?
20	And how about a woman who applies	20	MS. CURRY:
21	talcum powder to a sanitary napkin? Is it	21	Object to the form.
22	possible that the talcum powder would be	22	A Based upon my analysis of these papers,
23	introduced in the vagina through menstrual flow?	23	yes.
24	A Through menstrual	24	MS. THOMPSON:
	Page 223		Page 225
1	MS. CURRY:	1	Q Well, you certainly didn't know about
2	Object to the form.	2	dead sperm and sperm particles, did you?
3	A Not that I know of. I don't have any	3	MS. CURRY:
4	data for that.	4	Object to the form.
5	MS. THOMPSON:	5	A Well, it's one paper.
6	Q Is that you don't think it's	6	MS. THOMPSON:
7	possible?	7	Q And you don't know about you don't
8	A Again, from from it's	8	know how many what percentage of women have
9	interesting. So if menstrual flow coming out of	9	retrograde menstruation, which is a classic paper
10	the vagina with a sanitary napkin, the talc then	10	in gynecology gynecology? You don't know that
	gets into the vagina up to the ovaries. It	11	percentage, do you?
11			percentage, as jour
12	doesn't make a lot of sense to me.	12	MS. CURRY:
12 13	doesn't make a lot of sense to me. Q What percentage of women have	12 13	MS. CURRY: Object to the form.
12 13 14	doesn't make a lot of sense to me. Q What percentage of women have retrograde menstruation on a on a given	12	MS. CURRY: Object to the form. A I can't quote you that percentage.
12 13 14 15	doesn't make a lot of sense to me. Q What percentage of women have retrograde menstruation on a on a given period?	12 13 14 15	MS. CURRY: Object to the form. A I can't quote you that percentage. MS. THOMPSON:
12 13 14 15 16	doesn't make a lot of sense to me. Q What percentage of women have retrograde menstruation on a on a given period? A I don't understand what you mean by	12 13 14 15 16	MS. CURRY: Object to the form. A I can't quote you that percentage. MS. THOMPSON: Q Do you know that women oftentimes use
12 13 14 15	doesn't make a lot of sense to me. Q What percentage of women have retrograde menstruation on a on a given period? A I don't understand what you mean by that.	12 13 14 15 16 17	MS. CURRY: Object to the form. A I can't quote you that percentage. MS. THOMPSON: Q Do you know that women oftentimes use baby powder at bedtime?
12 13 14 15 16 17 18	doesn't make a lot of sense to me. Q What percentage of women have retrograde menstruation on a on a given period? A I don't understand what you mean by that. Q Do you think Dr. Clarke-Pearson	12 13 14 15 16 17 18	MS. CURRY: Object to the form. A I can't quote you that percentage. MS. THOMPSON: Q Do you know that women oftentimes use baby powder at bedtime? MS. CURRY:
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12 13 14 15 16 17 18 19 20 21	doesn't make a lot of sense to me. Q What percentage of women have retrograde menstruation on a on a given period? A I don't understand what you mean by that. Q Do you think Dr. Clarke-Pearson probably knows that percentage? MS. CURRY: Object to the form.	12 13 14 15 16 17 18 19 20 21	MS. CURRY: Object to the form. A I can't quote you that percentage. MS. THOMPSON: Q Do you know that women oftentimes use baby powder at bedtime? MS. CURRY: Object to the form. A I guess that's possible. MS. THOMPSON:

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	Page 226		Page 228
1	Object to the form.	1	Object to the form.
2	A They may have put it on in an upright	2	A Yeah.
3	position.	3	The problem I have with that is I'm not
4	MS. THOMPSON:	4	sure what direction the pressure is in, because
5	Q And do you agree that women could have	5	obviously if you give oxytocin at the time of
6	powder on the perineum and use a tampon?	6	pregnancy after the delivery, expels the
7	MS. CURRY:	7	placenta, so some of that pressure's going to
8	Object to the form.	8	come down.
9	A I assume that's possible, yes.	9	And, then, too, the radioactive studies
10	MS. THOMPSON:	10	are really problematic because a lot of times the
11	Q And wouldn't it be possible that powder	11	label will come off of the microsphere. So you
12	on a tampon could be introduced into the vagina?	12	don't quite know where it's going.
13	MS. CURRY:	13	MS. THOMPSON:
14	Object to the form.	14	Q At what points in a female's in a
15	A It's possible.	15	woman's cycle are oxytocin levels the highest?
16	MS. THOMPSON:	16	A I can't quote you that.
17	Q And what what did Dr. Kunz, K-U-N-Z,	17	Q Would that be a question for
18	describe in an article regarding how particles	18	Dr. Clarke-Pearson?
19	and substances are transported to the upper	19	MS. CURRY:
20	genital tract?	20	Object to the form.
21	A So that's the peristaltic pump.	21	A He probably would know.
22	Q And describe that for me.	22	MS. THOMPSON:
23	A Yeah. So they went and looked at the	23	Q And are you aware of the studies
24	contractions they, first of all, tried to	24	showing that not only sperm particles and dead
	Page 227		Page 229
1	measure the pressure in the uterus based on this	1	sperm move through the upper genital tract but
2	contraction, and they used actually ultrasound to	2	even motile sperm move at a much faster rate than
3	do it, which is an indirect measure, of course.	3	would be predicted strictly based on their
4	Don't know really what the pressure is.	4	self-generated motility?
5	Based upon finding that, then they went	5	MC CLIDDY.
6	on to if I mosell commently year micro		MS. CURRY:
	on to, if I recall correctly, use micro	6	Object to the form.
7	radiolabeled microspheres to do a word I can't	6 7	Object to the form. A Yeah. I actually recall seeing that in
7 8	radiolabeled microspheres to do a word I can't pronounce hysterosalpingoscintigraphy,	6 7 8	Object to the form. A Yeah. I actually recall seeing that in a study.
7 8 9	radiolabeled microspheres to do a word I can't pronounce hysterosalpingoscintigraphy, whatever.	6 7 8 9	Object to the form. A Yeah. I actually recall seeing that in a study. MS. THOMPSON:
7 8 9 10	radiolabeled microspheres to do a word I can't pronounce hysterosalpingoscintigraphy, whatever. Q I can't either.	6 7 8 9 10	Object to the form. A Yeah. I actually recall seeing that in a study. MS. THOMPSON: Q Are you aware that motile sperm
7 8 9 10 11	radiolabeled microspheres to do a word I can't pronounce hysterosalpingoscintigraphy, whatever. Q I can't either. A Yeah. And the idea was if I recall	6 7 8 9 10 11	Object to the form. A Yeah. I actually recall seeing that in a study. MS. THOMPSON: Q Are you aware that motile sperm preferentially go to the side where ovulation has
7 8 9 10 11 12	radiolabeled microspheres to do a word I can't pronounce hysterosalpingoscintigraphy, whatever. Q I can't either. A Yeah. And the idea was if I recall correctly, the idea of that whole study was	6 7 8 9 10 11 12	Object to the form. A Yeah. I actually recall seeing that in a study. MS. THOMPSON: Q Are you aware that motile sperm preferentially go to the side where ovulation has occurred?
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7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	radiolabeled microspheres to do a word I can't pronounce hysterosalpingoscintigraphy, whatever. Q I can't either. A Yeah. And the idea was if I recall correctly, the idea of that whole study was actually for I think fertility and pregnancy. And the idea was that they then saw this radioactivity up in the areas and drew the conclusion that there is contraction to the uterus and that they were hypothesizing that the particles then were going up the tubes of the ovaries. Q So it facilitates movement through the A Yeah.	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Object to the form. A Yeah. I actually recall seeing that in a study. MS. THOMPSON: Q Are you aware that motile sperm preferentially go to the side where ovulation has occurred? A That, I'm not I can't quote you that. I don't know. Q So that would probably be another question for one of the gynecologists or MS. CURRY: Object to the form. MS. THOMPSON: Q gynecologic oncologists? Would you agree? A They they would have that, and their
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58 (Pages 226 to 229)

	Page 230		Page 232
1	Q Let's break for lunch.	1	study?
2	VIDEOGRAPHER:	2	MS. CURRY:
3	Off the record at 12:55 p m.	3	Object to the form.
4	(Lunch recess.)	4	A No. I'd have to go through them. Do
5	VIDEOGRAPHER:	5	you have them?
6	We're back on the record at 2:02 p m.	6	MS. THOMPSON:
7	MS. THOMPSON:	7	Q We're not gonna go through the 40
8	Q Dr. Birrer, I think we established this	8	studies, but
9	morning that it is your opinion that the genital	9	At least sitting here today, you can't
10	use of talcum powder is not a risk factor for	10	think of one right offhand, can you?
11	ovarian cancer; right?	11	A I'm happy to go through the studies.
12	A I'm sorry. Say that say that again.	12	Q Okay. Is it your opinion that genital
13	Q It's your opinion that talcum powder is	13	talcum powder use has been proven to be a safe
14	not a risk factor for ovarian cancer; right?	14	practice?
15	A The use of talcum powder?	15	MS. CURRY:
16	Q Yes.	16	Object to the form.
17	A Correct.	17	A We discussed that this morning. There
18	Q Can you point me to any article can	18	is no data I know that it's an unsafe practice.
19	you point me to an article that specifically	19	That's a review of the literature. And, so,
20	states genital talcum powder use is not a risk	20	it's I think in that context it's safe.
21	factor for for ovarian cancer?	21	MS. THOMPSON:
22	MS. CURRY:	22	Q In your previous or did you look at
23	Object to the form.	23	websites when you prepared your report this time
24	A That genital talcum powder use is not a	24	regarding talcum powder exposure and the risk for
			regulating taleatin powder exposure and are risk for
	Page 231		Page 233
1	risk factor? I mean, if you look at the a lot	1	ovarian cancer?
2	of the case-control studies, about 40 percent of	2	MS. CURRY:
3	them are negative and	3	Object to the form.
4	MS. THOMPSON:		object to the form.
-	IVIS. THOMESON.	4	A Other than PubMed?
5	Q Well and by negative, you mean not	4 5	-
		1	A Other than PubMed?
5	Q Well and by negative, you mean not	5	A Other than PubMed? MS. THOMPSON:
5 6	Q Well and by negative, you mean not statistically significant; right?	5 6	A Other than PubMed? MS. THOMPSON: Q Right.
5 6 7	Q Well and by negative, you mean not statistically significant; right? A (Nods affirmatively.) Negative. And cohort studies aren't either. And and, actually, that and the cohort studies have	5 6 7	A Other than PubMed? MS. THOMPSON: Q Right. Like the American Cancer Society or NCI
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5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q Well and by negative, you mean not statistically significant; right? A (Nods affirmatively.) Negative. And cohort studies aren't either. And and, actually, that and the cohort studies have been sort of analyzed, reanalyzed in multiple meta-analysis, and so they're all negative. Q But my question was: Did any of those studies conclude talcum powder is not a risk factor for ovarian cancer? MS. CURRY: Object to the form. A So there are studies that don't show a significant association between talcum use and MS. THOMPSON: Q But I'm looking for A and ovarian cancer. Q the statement that genital use of talcum is not a risk factor for ovarian cancer.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A Other than PubMed? MS. THOMPSON: Q Right. Like the American Cancer Society or NCI or any websites. A Not for this one. Q Had you looked at them before? MS. CURRY: Object to the form. A I think in the previous depositions, I reported looking at one or two of them. I'd have to go back and look at that. MS. THOMPSON: Q Okay. A Yeah. Q And I think the American Cancer Society website was one of those that you looked at. Correct? A Could be. Q I'll mark 17, American Cancer Society,
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	Page 234		Page 236
1	(DEPOSITION EXHIBIT NUMBER 17	1	talcum powder does not increase risk, are they?
2	WAS MARKED FOR IDENTIFICATION.)	2	MS. CURRY:
3	MS. THOMPSON:	3	Object to the form.
4	Q Does that look familiar?	4	A Say again.
5	A That looks like American Cancer	5	MS. THOMPSON:
6	Society's website. Because I see the logo.	6	Q They're not saying that talcum powder
7	Q And and would you use this statement	7	use does not increase cancer risk, do they?
8	on the American Cancer Society website to be	8	A I don't see that stated.
9	support for your opinion that talcum powder use	9	Q And and they say there is some
10	is not a risk factor for ovarian cancer?	10	suggestion of a possible increase in ovarian
11	A Is not a risk factor? Is not?	11	cancer risk; right?
12	Q Is not.	12	A Well, the statement I see is "It's not
13	A I wouldn't refer to this, no.	13	clear if consumer products containing talcum
14	Q Do you think that's what this document	14	increase cancer risks." That's pretty specific.
15	states?	15	Q They're saying it's not clear. It's
16	A I don't think this it doesn't seem	16	not saying it's not a risk, is it?
17	to me, based on what the ACS is saying they	17	MS. CURRY:
18	report that their findings are mixed, with some	18	Object to the form.
19	studies reporting a slightly increased risk and	19	A They're saying they don't know.
20	some reporting no increase.	20	MS. THOMPSON:
21	Q So the American Cancer Society, on	21	Q Right. And then the recommendation, by
22	their website, states that IARC has classified	22	the American Cancer Society, would be "Until more
23	tale that contains asbestos as carcinogenic to	23	information is available, people concerned about
24	humans; right?	24	using talcum powder may want to avoid or limit
	Page 235		Page 237
1	A You're on page 3?	1	their use of consumer products that contain it."
2	Q Yeah. 30 yeah, 3 of 6.	2	But you think any recommendation of
3	A Yeah.	3	that kind is not indicated; correct?
4		l .	
	Q And then based on the lack of data from	4	MS. CURRY:
5	human studies and unlimited data in lab animal	5	MS. CURRY: Object to the form.
5 6	human studies and unlimited data in lab animal studies, IARC classified inhaled talc not	5 6	MS. CURRY: Object to the form. A Well, it depends on how you read that.
5	human studies and unlimited data in lab animal studies, IARC classified inhaled talc not containing asbestos as not classifiable; right?	5	MS. CURRY: Object to the form. A Well, it depends on how you read that. I mean, I think what they're suggesting is that
5 6 7 8	human studies and unlimited data in lab animal studies, IARC classified inhaled talc not containing asbestos as not classifiable; right? A The second bullet?	5 6 7 8	MS. CURRY: Object to the form. A Well, it depends on how you read that. I mean, I think what they're suggesting is that people concerned about using talcum powder, for
5 6 7 8 9	human studies and unlimited data in lab animal studies, IARC classified inhaled talc not containing asbestos as not classifiable; right? A The second bullet? Q The second bullet.	5 6 7 8 9	MS. CURRY: Object to the form. A Well, it depends on how you read that. I mean, I think what they're suggesting is that people concerned about using talcum powder, for whatever reason, may want to avoid or limit their
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5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	human studies and unlimited data in lab animal studies, IARC classified inhaled talc not containing asbestos as not classifiable; right? A The second bullet? Q The second bullet. And then the third bullet is the IARC that states that the perineal genital use of talc powder talc-based body powder is possibly carcinic carcinogenic to humans. That's the 2B classification; right? A 2B. Q And then it states that the US National Toxicology Program, NTB, has not fully reviewed talc with or without asbestos as a possible carcinogen; right? That's what it says. A Correct. Q And, then, as as you said, the ACS states it's not clear if consumer products containing talcum powder increase cancer risk.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	MS. CURRY: Object to the form. A Well, it depends on how you read that. I mean, I think what they're suggesting is that people concerned about using talcum powder, for whatever reason, may want to avoid or limit their use of consumer products that contain it and implies that it's the stress of knowing they're using it because of what they've interpreted. It doesn't really make any conclusions about talcum powder. MS. THOMPSON: Q Are there any medical benefits that you're aware of from the genital use of talcum powder? A Well, I think it's generally used to absorb absorb fluid. It's a lot of women like it. It's a body image issue. You know, so I think those issues and again, I treat a lot of women with ovarian cancer are important.
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	human studies and unlimited data in lab animal studies, IARC classified inhaled talc not containing asbestos as not classifiable; right? A The second bullet? Q The second bullet. And then the third bullet is the IARC that states that the perineal genital use of talc powder talc-based body powder is possibly carcinic carcinogenic to humans. That's the 2B classification; right? A 2B. Q And then it states that the US National Toxicology Program, NTB, has not fully reviewed talc with or without asbestos as a possible carcinogen; right? That's what it says. A Correct. Q And, then, as as you said, the ACS states it's not clear if consumer products	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MS. CURRY: Object to the form. A Well, it depends on how you read that. I mean, I think what they're suggesting is that people concerned about using talcum powder, for whatever reason, may want to avoid or limit their use of consumer products that contain it and implies that it's the stress of knowing they're using it because of what they've interpreted. It doesn't really make any conclusions about talcum powder. MS. THOMPSON: Q Are there any medical benefits that you're aware of from the genital use of talcum powder? A Well, I think it's generally used to absorb absorb fluid. It's a lot of women like it. It's a body image issue. You know, so I think those issues and again, I treat a lot

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	Page 238		Page 240
1	Are there any medical benefits to the	1	A Again, you asked me the question about
2	genital use of talcum powder?	2	do I think there's some medical benefit. I
3	MS. CURRY:	3	the answer is yes. I mean
4	Object to the form.	4	MS. THOMPSON:
5	A That is a medical use?	5	Q But that's never been published
6	MS. THOMPSON:	6	anywhere that you're aware of, has it?
7	Q Are there any benefits, is the	7	MS. CURRY:
8	question.	8	Object to the form.
9	A Yeah.	9	A As I said before, I I can't quote
10	MS. CURRY:	10	you that.
11	Object to the form.	11	MS. THOMPSON:
12	MS. THOMPSON:	12	Q Is it have you seen in the medical
13	Q Where are where are those benefits	13	literature that there are no benefits, medical
14	reported?	14	benefits from the use of talcum powder in the
15	A That's quality of life.	15	genital area?
16	Q Where in the medical literature can you	16	MS. CURRY:
17	show a report that describes medical benefits	17	Object to the form.
18	from the genital use of talcum powder?	18	A I don't think I've actually seen that.
19	A Well, it's not in and again, I	19	MS. THOMPSON:
20	didn't review that for this expert report, so	20	Q Would you be surprised if there are
21	but you're asking me.	21	references in numerous articles that say because
22	Q When you if you're trying to make a	22	there are no medical benefits of talcum powder
23	risk assessment, wouldn't you know if you're	23	use, it's not recommended?
24		24	MS. CURRY:
24	weighing the benefits versus the potential risks?	24	MS. CURRY:
	Page 239		Page 241
1	A Well, I evaluated the risks, and there	1	Object to the form.
2	are none.	2	A I'd be happy to I'd be happy to
3	Q So you just evaluated the risk and	3	review them.
4	it it wouldn't matter to you whether there	4	MS. THOMPSON:
5	were benefits or not.	5	Q Have you seen in the medical literature
6	A Well, my benefit	6	that cornstarch products are recommended if women
7	MS. CURRY:	7	choose to use a dusting powder over talcum
8	Object to the form.	8	powder?
9	A I'm sorry. Go ahead. I'm sorry.	9	A Can you repeat that? I the cough.
10	Yeah. My benefit would be based upon	10	Q Have you seen in the medical literature
11	my own experience. It's not necessarily	11	that where cornstarch products are recommended
12	published in medical literature.	12	if women choose to use a dusting powder over
13	MS. THOMPSON:	13	talcum powder?
14	Q Okay. Well, that would certainly be	14	A You know, I haven't seen the I
15	anecdotal, wouldn't it?	15	haven't seen the medical literature recommending
16	MS. CURRY:	16	cornstarch over talcum. But I have seen I've
17	Object to the form.	17	seen discussions about women who use cornstarch.
18	A Well, you know, I've got a lot of	18	Q And again, there have never been any
19	experience.	19	risks that you're aware of into related to the
20	MS. THOMPSON:	20	genital use of cornstarch products and the link
21	Q It's still anecdotal, isn't it,	21	with ovarian cancer; right?
22	Dr. Birrer?	22	A I don't know of any.
23	MS. CURRY:	23	Q You mentioned earlier this morning the
24	Object to the form.	24	National Academy of Science, Engineering and
1	J	1	. , , ,

61 (Pages 238 to 241)

	Page 242		Page 244
1	Medicine as a as a possibly the most	1	Q I'll give it to you in a minute.
2	reputable source of credible information.	2	A Okay.
3	Would did I describe that sort of	3	Q I just want to ask you a few questions
4	correctly?	4	first.
5	MS. CURRY:	5	Why did you decline to review?
6	Object to the form.	6	A I was too busy.
7	A I don't recall saying it's the most,	7	Q Okay. Because it was a big book?
8	but I used it in context of comparing IARC, if I	8	A It's monstrous.
9	recall correctly, versus some other sort of pure	9	Q However, several of the authors have
10	scientific professional organization, which I	10	been coauthors with you on on papers. Is one
11	would include the National Academy to be that.	11	of them Dr. Karlan?
12	MS. THOMPSON:	12	A I believe I've been on papers with
13	Q Okay. Fair enough.	13	Beth. And I think Anil Sood was on there, too.
14	And I'm sure you're familiar with the	14	THE COURT REPORTER:
15	treatise it's actually came out in book	15	Excuse me?
16	form of the study by the Institute of	16	THE WITNESS:
17	Medicine, I believe, at that time, on ovarian	17	Anil Sood, S-O-O-D.
18	cancer?	18	MS. THOMPSON:
19	A Yes.	19	Q And Ronald Alvarez Alvarez published
20	Q Did you participate at all in that	20	with you, I think?
21	study?	21	A I believe so.
22	A They asked me to review it.	22	Q Dr. Karlan's published with you.
23	Q You were one of the reviewers?	23	A (Nods affirmatively.)
24	A They asked me to review it.	24	Q Dr. Levine has published with you?
	Page 243		Page 245
1	Q Oh.	1	A Doug and I are on a couple of papers,
2	A I declined.	2	yeah.
3	Q They asked you to review it and you did	3	Q Doug Levine?
4	not review it. That explains it, because I	4	A Yeah.
5	didn't see your name on the list.	5	Q Dr. Odunsi, Kunle Odunsi
6	And that was published in 2016?	6	A Kunle. Kunle.
7	A Uh-huh.	7	Q has published with you. And
8	Q And what was your understanding of the	8	Dr. Sood you mentioned; right?
9	purpose of that study?	9	And Dr is it Tworoger or
10	MS. CURRY:	10	A Two Twergger?
11	Object to the form.	11	Q Two Twoauger?
12	A It I you know, I think it was	12	A T-W-O-G-G-E-R [sic].
13	this is it's just medicine undertakes this	13	Q Has published with you?
14	periodically for large topics, and that was one	14	A I think so, yes. I'd have to check
15	of them, to sort of summarize the state of the	15	that.
16	science.	16	Q So you were, I would say, well
17	MS. THOMPSON:	17	represented on the
18	Q And the in fact, the committee that	18	MS. CURRY:
19	did the study was a committee on the state of the	19	Object to the form.
	science in ovarian cancer research; is that	20	A Well, I know them.
20		21	MS. THOMPSON:
21	correct? So you called		
21 22	A This is the one by Beth Karlan?	22	Q on the author list?
21	•		

62 (Pages 242 to 245)

	Page 246		Page 248
1	MS. THOMPSON:	1	A Correct.
2	Q And and I assume you would agree	2	Q The State of the Science authors state,
3	with me that the committee to report on the state	3	under "Inflammation," "Studies of the
4	of the science of ovarian cancer research was	4	inflammatory marker C-reactive protein suggest a
5	selected because of their expertise in the area;	5	possible association between inflammation and
6	correct?	6	increased risk of ovarian cancer," citing OC and
7	A Yes.	7	Poole.
8	MS. CURRY:	8	"Other specific inflammatory factors
9	Object to the form.	9	have also been associated with ovarian cancer."
10	MS. THOMPSON:	10	Do you agree that the authors of this
11	Q And, as we mentioned, this study was	11	treatise reported that there's a possible
12	under the auspices of the National Academy of	12	association between inflammation and increased
13	Science, Medicine and Engineering, Institute of	13	risk for ovarian cancer?
14	Medicine, I believe, originally; correct?	14	A Well, on these on these two
15	A Correct.	15	sentences, I think they accurately stated,
16	Q And is it your understanding that this	16	"suggests association." And then they refer I
17	study was also supported by the CDC?	17	don't these two papers, I can't directly quote
18	A That, I don't know.	18	you. I mean
19	Q All right. Let me just go ahead and	19	Q And I and I'm not
20	give it to you.	20	A Yeah.
21	A Yeah.	21	Q suggesting that they do anything
22	(DEPOSITION EXHIBIT NUMBER 18 WAS	22	other than suggest the possible association.
23	MARKED FOR IDENTIFICATION.)	23	A Right.
24	MS. THOMPSON:	24	Q I'm not trying to read more into it.
	Page 247		Page 249
1	Q Exhibit 18 I'm marking as Ovarian	1	A Okay.
2	Cancers, Evolving Paradigms in Research and Care.	2	Q And then they describe "A meta-analysis
3	And this is not the entire book, but it is the	3	reported that exposure to asbestos was associated
4	entire chapter that we're going to look at, which	4	with a 77 percent increased risk of ovarian
5	is "Prevention and Early Detection," Chapter 3.	5	cancer mortality," citing Carmargo.
6	And if you look on page little ix, page	6	Are you familiar with that paper?
7	9, preface	7	A I am familiar with that. That's the
8	A 9? 9?	8	occasional exposure, if I recall correctly.
9	Q Little nine.	9	Q And "The International Agency For
10	A Yeah.	10	Research on Cancer determined that there was
11	Q Yeah. The the first sentence, "This	11	sufficient evidence to support a causal
12	congressionally mandated report sponsored by the	12	relationship between asbestos exposure and
13	Centers For Disease Control and Prevention	13	ovarian cancer."
14	assesses the state of research on ovarian cancers	14	So the authors of this treatise include
15	from multiple perspectives and by multiple	15	exposure to asbestos and its association with
	disciplines."	16	ovarian cancer in the Inflammation section of
16		17	of risk factors; right?
	So do you agree that the Center For	1 1	of fisk factors, fight.
16	So do you agree that the Center For Disease Control sponsored the study?	18	A Say that again? Sorry. For asbestos?
16 17	, ,		
16 17 18	Disease Control sponsored the study?	18	A Say that again? Sorry. For asbestos?
16 17 18 19	Disease Control sponsored the study? A Correct.	18 19	A Say that again? Sorry. For asbestos? Q The authors of this treatise include
16 17 18 19 20	Disease Control sponsored the study? A Correct. Q If you'll turn to page I don't have	18 19 20	A Say that again? Sorry. For asbestos? Q The authors of this treatise include exposure to asbestos and its association with ovarian cancer in the Inflammation section of
16 17 18 19 20 21	Disease Control sponsored the study? A Correct. Q If you'll turn to page I don't have pages on my copy. Page 110. Under the section	18 19 20 21	A Say that again? Sorry. For asbestos? Q The authors of this treatise include exposure to asbestos and its association with
16 17 18 19 20 21	Disease Control sponsored the study? A Correct. Q If you'll turn to page I don't have pages on my copy. Page 110. Under the section heading "Inflammation." And this is in a larger	18 19 20 21 22	A Say that again? Sorry. For asbestos? Q The authors of this treatise include exposure to asbestos and its association with ovarian cancer in the Inflammation section of risk factors; right?

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	Page 250		Page 252
1	studies of talc use which is chemically similar	1	one else anywhere in the literature to question
2	to asbestos and can cause an inflammatory	2	even this, I don't agree with.
3	response."	3	MS. THOMPSON:
4	Do you agree with that statement?	4	Q Okay. So you so you disagree with
5	A I I actually hesitate a little on	5	the authors including that statement in in
6	that because I'm not so sure that that's a	6	this treatise?
7	temporal relationship, that it was the asbestos	7	A I just think it's not defined. They
8	association that then led to the investigation of	8	defined it, then I would have felt a lot better.
9	talc. I don't know, when Dan Cramer published	9	Can cause granulomas inflammatory response. That
10	his first paper, that's what was driving him.	10	would have been more accurate.
11	Q Do you have any other disagreement with	11	Q I can understand that you think it
12	the the statement other than whether it led to	12	should have been defined better.
13	the studies of talc use?	13	A Yeah.
14	MS. CURRY:	14	Q But do you agree with the statement
15	Object to the form.	15	that's in this treatise, or disagree?
16	A I don't know. Again, we've covered	16	MS. CURRY:
17	this. I'm not a mineralogist, so I don't know	17	Object to the form.
18	the similarity issues. And inflammatory response	18	A No opinion.
19	is not defined. So other than that, it's fine.	19	MS. THOMPSON:
20	MS. THOMPSON:	20	Q But you'll agree that at least these
21	Q Well, the authors let's take out the	21	experts thought it was worthwhile putting the
22	asbestos and say "Tale can cause inflammatory	22	statement in this State of the Science treatise
23	response." Do you agree or disagree with that?	23	on ovarian cancer published in 2016; right?
24	A Well, inflammation is a broad issue and	24	MS. CURRY:
	12 11 21, 11111111111111111111111111111		
	Page 251		Page 253
1	it's very relevant to this debate, which is are	1	Object to the form.
2	we talking granulomas, acute, chronic but	2	A Yeah. Apparently.
3	nongranuloma? I think that's a big issue.	3	MS. THOMPSON:
4	Q Well, these were the authors that were	4	Q Do you know Jason Wright?
5	selected because of their expertise to do a State	5	A Division head at Columbia?
6	of the Science treatise at the behest of the	6	Q Yes.
7	National Academy of Science and CDC.	7	A I do know Jason. Not I know him by
8	I'm just asking you do you agree with	8	reputation. I don't think I've ever actually met
9	the statement "Talc can cause an inflammatory	9	him.
10	response"?	10	Q And what is his reputation?
11	MS. CURRY:	11	A I think he's got a good reputation
12	Object to the form.	12	running his division, and he's a good surgeon.
13	A And and I'm I'm answering it.	13	Q Have you ever published with Jason
14	MS. THOMPSON:	14	Wright?
	MS. THOMPSON: Q And you say you don't know? You can't	14 15	Wright? A I don't believe so.
14			
14 15	Q And you say you don't know? You can't agree or disagree? Is that what you're saying? MS. CURRY:	15	A I don't believe so. Q You're right. That was a trick question.
14 15 16	Q And you say you don't know? You can't agree or disagree? Is that what you're saying? MS. CURRY: Object to the form.	15 16 17 18	A I don't believe so. Q You're right. That was a trick
14 15 16 17	Q And you say you don't know? You can't agree or disagree? Is that what you're saying? MS. CURRY:	15 16 17	A I don't believe so. Q You're right. That was a trick question. I'm gonna mark MS. CURRY:
14 15 16 17 18	Q And you say you don't know? You can't agree or disagree? Is that what you're saying? MS. CURRY: Object to the form.	15 16 17 18	A I don't believe so. Q You're right. That was a trick question. I'm gonna mark
14 15 16 17 18 19	Q And you say you don't know? You can't agree or disagree? Is that what you're saying? MS. CURRY: Object to the form. A The inflammation is not defined. I	15 16 17 18 19	A I don't believe so. Q You're right. That was a trick question. I'm gonna mark MS. CURRY:
14 15 16 17 18 19 20	Q And you say you don't know? You can't agree or disagree? Is that what you're saying? MS. CURRY: Object to the form. A The inflammation is not defined. I don't know if the similarity between asbestos and	15 16 17 18 19 20	A I don't believe so. Q You're right. That was a trick question. I'm gonna mark MS. CURRY: I should have objected.
14 15 16 17 18 19 20 21	Q And you say you don't know? You can't agree or disagree? Is that what you're saying? MS. CURRY: Object to the form. A The inflammation is not defined. I don't know if the similarity between asbestos and talc. So other than that, I think it's fine. But the the the implication that all of the ovarian cancer experts are on this on this	15 16 17 18 19 20 21	A I don't believe so. Q You're right. That was a trick question. I'm gonna mark MS. CURRY: I should have objected. (DEPOSITION EXHIBIT NUMBER 19 WAS MARKED FOR IDENTIFICATION.) MS. THOMPSON:
14 15 16 17 18 19 20 21 22	Q And you say you don't know? You can't agree or disagree? Is that what you're saying? MS. CURRY: Object to the form. A The inflammation is not defined. I don't know if the similarity between asbestos and talc. So other than that, I think it's fine. But the the the implication that all of the	15 16 17 18 19 20 21 22	A I don't believe so. Q You're right. That was a trick question. I'm gonna mark MS. CURRY: I should have objected. (DEPOSITION EXHIBIT NUMBER 19 WAS MARKED FOR IDENTIFICATION.)

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